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# Convention on the Elimination of All Forms of Discrimination against Women

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**Committee on the Elimination of Discrimination against Women**

**Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women**

**Second and third periodic reports of States parties**

## Uruguay*

* The present document is being issued without formal editing.

For the initial report submitted by the Government of Uruguay, see CEDAW/C/5/Add.27 and Amend.1; for its consideration by the Committee, see CEDAW/C/SR.107 and CEDAW/C/SR.113, and *Official Records of the General Assembly, Forty-third Session, Supplement No. 38* (A/43/38), paras. 182-231.

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# Periodic report to the Committee on the Elimination of Discrimination against Women

## I. Introduction

1. This periodic report was prepared by the Human Rights Department of the Ministry of Foreign Affairs, in collaboration with the National Women's Institute and the Supreme Court of Justice.

## II. National context

*Population, participation and labour*

2. According to 1996 figures, the total population of the Eastern Republic of Uruguay is 3,155,029 people. Of these, 1,541,673 are male and 1,613,356 are female.

3. The following table shows population figures from the last two censuses, broken down by gender and department:

| | *Censuses* | | | | | |
|---|---|---|---|---|---|---|
| | *1996* | | | *1985* | | |
| *Department* | *Total* | *Men* | *Women* | *Total* | *Men* | *Women* |
| **Total** | **3 163.7** | **1 532.3** | **1 631.4** | **2 955.2** | **1 439.0** | **1 516.2** |
| Montevideo | 1 342.4 | 620.4 | 711.0 | 1 312.0 | 610.6 | 701.4 |
| Interior | 1 821.3 | 911.9 | 910.3 | 1 643.3 | 828.4 | 814.8 |
| Artigas | 75 | 37.4 | 37.6 | 69.1 | 35.4 | 33.7 |
| Canelones | 443.7 | 219.6 | 224.1 | 364.2 | 181.6 | 182.6 |
| Cerro Largo | 82.5 | 41.0 | 41.5 | 78.4 | 39.4 | 39.1 |
| Colonia | 121.2 | 60.0 | 61.2 | 112.7 | 56.4 | 56.3 |
| Durazno | 55.6 | 27.9 | 27.8 | 55.1 | 28.1 | 26.9 |
| Flores | 24.8 | 12.4 | 12.4 | 24.7 | 12.6 | 12.1 |
| Florida | 66.4 | 33.5 | | 66.5 | 34.2 | 32.3 |
| Lavalleja | 61.2 | 30.7 | 32.9 | 61.5 | 31.2 | 30.3 |
| Maldonado | 127.3 | 63.5 | 63.7 | 94.3 | 47.6 | 46.8 |
| Paysandú | 111.0 | 55.5 | 55.6 | 103.8 | 52.4 | 51.4 |
| Rio Negro | 51.6 | 26.7 | 24.9 | 48.6 | 25.5 | 23.1 |
| Rivera | 98.9 | 48.3 | 50.5 | 89.5 | 43.9 | 45.6 |
| Rocha | 70.2 | 35.0 | 35.2 | 66.6 | 33.8 | 32.8 |
| Salto | 118.0 | 57.9 | 60.1 | 108.5 | 54.2 | 54.3 |
| San José | 98.2 | 49.2 | 49.0 | 89.9 | 45.8 | 44.1 |
| Soriano | 81.4 | 40.6 | 40.8 | 79.4 | 40.3 | 39.2 |
| Tacuarembó | 85 | 42.2 | 42.6 | 83.5 | 42.4 | 41.1 |
| Treinta y Tres | 49.4 | 24.5 | 24.9 | 46.9 | 23.7 | 23.2 |

4. As a result of gradual changes in the demographic variables of fertility, mortality and migration, Uruguay's current population structure is characterized by advanced population ageing.

5. The population aged 65 and over represents 12.3 per cent of the total population. This percentage has been increasing since the turn of the century, primarily because of a decline in fertility.

*Women's participation in economic activity*

6. The growth of women's participation has been the most significant feature of the labour force in recent years. Today, 45.5 per cent of women aged 14 or over participate in the labour force, and women represent 42.4 per cent of the economically active population in urban areas.

7. Over the past decade, the proportion represented by the economically active population (EAP) has risen by four percentage points, a fact accounted for by the rise in the number of working women. Nevertheless, there remains a very significant difference between the sexes in respect of this indicator, which is 60 per cent higher for men than for women.

8. *Changes in rates of economic activity, by sex (%)*

| *Year* | *Total* | *Women* | *Men* |
|---|---|---|---|
| 1963 | 48.4 | 23.9 | 73.4 |
| 1975 | 50 | 27.7 | 73.6 |
| 1986 | 54.1 | 39.4 | 72.1 |

*Source*: National Statistical Institute. Periodic household survey.

9. *Proportion of the labour force, by sex (%)*

| *Year* | *Total* | *Women* | *Men* |
|---|---|---|---|
| 1986 | 100.0 | 39.90 | 60.10 |
| 1996 | 100.0 | 42.40 | 57.60 |

*Economic participation and level of education*

10. One of the most striking patterns noted is that women join the workforce with higher levels of education than men.

11. Some 19.3 per cent of women who participate in the labour market have completed tertiary education. This is twice the proportion of men who have this level of education. This difference is observed both in the capital and in urban areas of the rest of the country.

12. *Distribution of EAP by area and sex, according to the highest level reached (%)*

| | *Whole country* | | *Montevideo* | | *Interior* | |
|---|---|---|---|---|---|---|
| | *Women* | *Men* | *Women* | *Men* | *Women* | *Men* |
| No education | 0.8 | 0.8 | 0.6 | 0.4 | 1 | 1.2 |
| Primary | 30 | 37.6 | 24.6 | 30.1 | 36.6 | 45.3 |
| Secondary | 49.6 | 50.9 | 50 | 53.1 | 49.2 | 48.5 |
| Higher | 19.3 | 10.1 | 24.6 | 15.4 | 12.9 | 4.9 |

# III. Brief summary of the development of women's rights

13. As explained in the initial report submitted in 1984 and considered by the Committee in 1988, Uruguay has a long history of gender rights movements. As early as 1911, the first Section of the Pan-American Women's Federation was inaugurated in Montevideo.

14. The primary achievement of the movements of the early part of the century was the recognition of women's right to political participation, and specifically their right to vote by secret ballot, which was granted in 1932.

15. The recognition of full civil equality was won in 1946 with the adoption of the women's civil rights law, which provided for equal substantive and procedural rights and represented a milestone in the progressive development of women's rights through the elimination of discrimination.

16. The decades after 1946 were marked first by inertia and then by a setback in the consolidation of women's participation. This process was closely associated with the authoritarian political leadership of the de facto Governments that ruled the country in the 1970s and early 1980s.

17. The restoration of democracy and the incorporation of women into active political life resulted in the re-emergence of women's status as a subject of public debate. Consequently, the Commission on Women was established within the framework for programme consultation, and paved the way for women's access to decision-making posts.

18. The various sectors within each political party established commissions and working groups; trade unions did likewise and civil society organized into hundreds of groups which, in the non-governmental sphere, gave new impetus to the discussion on women's issues.

19. This expansive process, which took place in the years after 1985, has become consolidated. The establishment, within the permanent organic structure of the State, of a specialized institution on women's issues and its empowerment to play a very concrete role in the design of national policies directed towards women and the family illustrates the current situation with respect to the government agenda on women's issues.

20. The National Institute for Family and Women's Affairs was established by Act No. 16,116 of 23 October 1991, and is the successor of the National Women's Institute, which was described in Uruguay's initial report.

21. This Act gave the Institute the following mandate:

- To promote, plan, design, formulate, execute and evaluate national policies on women and the family;
- To coordinate and jointly execute these policies with State agencies through the linkage of actions and the training of the human resources needed for the performance of its mandate;
- To conclude agreements with international technical and financial cooperation agencies.

22. The Institute's plan of action revolves around six thematic areas:

- Legislation;
- Education;
- Labour;
- Health;
- Human rights;
- Environment.

23. There are also subprogrammes geared to women in high-risk or socially marginalized situations, such as critically poor women, teenage mothers, women heads of household and elderly women.

24. Below is a brief outline of the developments which have taken place, in the official sphere, with regard to public institutions exclusively devoted to women's issues during the period 1975-1992.

| *Year* | *Development* |
|---|---|
| 1975 | Under the de facto Government, the Department of Women's Affairs is established within the Ministry of Labour and Social Security. |
| 1982 | The Department of Women's Affairs closes. |
| 1987 | The Government establishes, by presidential decree, an inter-agency commission called the "National Women's Institute", presided over by the Ministry of Education and Culture. |
| 1990 | The Institute ceases to function and is left without a presiding officer as a result of the expiry of its members' mandates. |
| 1991 | New members are appointed and their objectives are redefined. |
| 1992 | The National Institute for Family and Women's Affairs is established by law as the first governmental lead agency for policies on women and the family. |

# IV. Progress in the elimination of discrimination against women

*Organizational and institutional sphere*

25. The establishment of the National Institute for Family and Women's Affairs and the implementation of joint activities at the national and municipal levels represent progress in the dissemination, promotion and protection of women's rights.

26. Below are the main programmes being coordinated:

*Programmes and activities*

Ministry of the Interior:

- Women's police stations in a number of departments;
- Technical office to assist victims of domestic violence (Montevideo).

Ministry of Agriculture, Livestock and Fisheries:

- Support programme for rural women and youth, in the context of an International Fund for Agricultural Development (IFAD) project;
- Programme on the analysis of agricultural policies in relation to women food producers.

Ministry of Education:

- Sex education programme;
- Secondary-school courses on the status of women.

National State Telephone Administration:

- Telephone information service for women and families.

National Women's Institute:

Women's Division of the National Institute for Family and Women's Affairs:

- Specialized library on women (Professor Ofelia Machado Bonet);
- Documentation centre;
- Information centres on family and women's rights;
- Activity centre.

Municipal Administration of Montevideo:

- Commission on Women;
- Telephone referral service for battered women.

Ministry of Labour and Social Security:

- Job search programme, operated jointly by the National Institute for Family and Women's Affairs and the National Employment Bureau and supported by the International Labour Organization (ILO);
- Agreement between the National Employment Bureau and the National Institute for Family and Women's Affairs;

- Tripartite Commission;
- Honorary Commission on Rural Women (Ministry of Agriculture, Livestock and Fisheries);
- Honorary Commission on Sexual and Reproductive Health which works in coordination with the "Planned Parenthood" project (Ministry of Public Health).

Departmental governors' offices:

- Information centres on family and women's rights (agreements with the National Institute for Family and Women's Affairs);
- Municipal women's offices.

27. Specific programmes for women have been established by ministries, departmental governments and autonomous entities. A Police Station for the Protection of Women was established in 1985 within the Montevideo Police Department's Safety Division.

28. Subsequently, women's police stations were also instituted in other departments.

29. In 1991, the National State Telephone Administration established a telephone information service for women and families.

30. Also in 1991, the departmental government of Montevideo established a Commission on Women, which introduced a telephone referral service for battered women in September 1992 under an agreement with the Fundación PLEMUU (Plenario de Mujeres del Uruguay) (Uruguayan Women's Conference).

31. In late 1992, the departmental government of Canelones established a Women's Office within its Cultural Division, whose primary task is to promote women's integration into all spheres of activity in that Department.

32. The municipal administrations and the departmental and local authorities of Cerro Largo, Durazno, Flores, Florida, Treinta y Tres, Río Negro (two centres), Carmelo, Salto, Paso de los Toros, Colonia and Rocha have information centres, all of which operate with specialized staff under an agreement with the National Institute for Family and Women's Affairs. In 1996, three "women's municipalities" ("*comunas mujer*") were put into operation under the Montevideo Municipal Administration's Commission on Women.

33. Legislative sphere

- Act No. 10,045 prohibiting sex discrimination in all areas of labour;
- Act No. 16,713 on the social security system, unifying the retirement age;
- Act No. 16,707 establishing the offence of domestic violence;
- Ratification of the Convention of Belém do Pará (Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women).

*Institutions responsible for enforcing the principle of equality between men and women*

34. In the domestic sphere, the office of ombudsman has not yet been instituted. In 1995, at the initiative of the Vice-President of the Republic, a bill on the establishment of the institution of Ombudsman was submitted to the legislature.

*Initiatives for the establishment of an office of Ombudsman*

35. In 1995, the executive branch submitted to the national legislature, for its consideration, a bill establishing the office of Ombudsman.

36. This bill, taking into account comparative law and the effectiveness of the work of this institution in other parts of the world, would grant the Ombudsman broad powers to receive and process complaints of acts, circumstances or omissions that represent an illegitimate, irregular, abusive, arbitrary, discriminatory, negligent, seriously inappropriate or ineffective use of public authority.

37. In the same spirit, the departmental executive authority of the country's capital[1] submitted for consideration by the Departmental Board a draft decree on the establishment of an office of community ombudsman, which would receive and process complaints concerning any of the services provided directly or indirectly by the departmental government, regardless of the legal nature of such service provision.

38. The primary aim of both initiatives is to widen the sphere of legal protection and oversight for persons under these jurisdictions by establishing a comprehensive system for ensuring that human rights and freedoms cannot be affected by government actions.

*The protection of human rights in Uruguay and mechanisms for such protection*

39. The Constitution of the Republic, in its enumeration of principles, establishes the following as fundamental human rights:

- Article 7: "The inhabitants of the Republic have the right of protection in the enjoyment of life, honour, liberty, security, labour and property. No one may be deprived of these rights except in conformity with laws which may be enacted for reasons of general interest";
- Article 8: "All persons are equal before the law, no other distinctions being recognized among them save those of talent and virtue";
- Article 72: "The enumeration of rights, duties and guarantees made in this Constitution does not exclude others which are inherent in human beings or which are derived from a republican form of government";
- Moreover, article 332 provides that "The provisions of the present Constitution which recognize individual rights, as well as those which confer powers and impose duties on public authorities, shall not be without effect by reason of the lack of corresponding regulations, but such regulations shall be supplied on the basis of analogous laws, general principles of justice and generally accepted doctrines".

[1] The Municipal Administrator of Montevideo, Mr. Mariano Arana.

40. In 1991, regulations were issued with respect to the remedy of *amparo* established by Act No. 16,011, which provides that application for *amparo* may be made with respect to any act, omission or circumstance of State or parastatal authorities or of individuals of which the actual or imminent effect is to damage, restrict, alter or threaten in a manifestly illegal fashion any of the rights or freedoms expressly or implicitly recognized in the Constitution.

41. Any woman who believes that her right to equality has been affected may apply for the above-mentioned remedy. Although no such actions have yet been brought, it should be noted that, in specific areas of labour and civil law, cases of alleged discrimination against women are examined by the judicial authorities and, if verified, may give rise to such pecuniary damages as may correspond to the wrongful act in question.

*Methods used to promote and guarantee women's full advancement, with the aim of guaranteeing the exercise and enjoyment of human rights in all areas*

42. As noted earlier, Uruguay has a comprehensive legal framework which guarantees full equality between men and women.

43. The following are among the methods and mechanisms used to promote de facto equality:

(1) *Measures to establish and to encourage the establishment of child-care networks*

44. The gradual increase in the number of women in the workforce in recent decades has given rise to the need for pre-school education services.

45. In 1991, there were a total of 1,402 public and private child-care establishments in the country. Of these, 1,011 were located in the country's urban capital of Montevideo alone.

46. In 1996, the authorities began the process of instituting a comprehensive education reform, one of whose priority aims is the universalization of public pre-school education.

47. An education reform introduced in 1995 made school attendance mandatory for children aged four and over. The lowering of the age of entry into the education system has given women more time to devote to their occupation, employment or profession. In addition, child-care centres represent an alternative service that contributes to efforts to enhance women's development.

(2) *Specific programmes for women's development*

48. Both the central Government and the municipal and departmental authorities of the country's urban and rural areas (departments of Cerro Largo, Rivera and Canelones) have established technical and administrative units to promote women's integration at all levels within each department.

49. In the non-governmental sphere, organizations that deal with women's issues play an important role. Of the 114 registered organizations, 17 work exclusively on issues concerning the status of women.

(3) *Initiatives to prevent domestic violence*

50. Despite the high educational level of the average Uruguayan and the high average rates at which basic needs are being met, the problem of violence against women began to be recognized in 1985.

51. Subsequently, the first Police Station for the Protection of Women was established for the Department of Montevideo. This institution, whose duties are clearly within the sphere of law enforcement, is responsible for investigating and elucidating acts of violence perpetrated against women; identifying and detecting the perpetrators; and bringing them to justice.

52. Since that time, the network of women's police stations or offices has been extended to some departments in urban and rural areas of the country's interior, which have established their own women's police stations.

53. The implementation of enforcement measures and the actions of the relevant entities themselves required that the strategy for combating violence against women should be redefined, with the encouragement of more coordination between the actions of civil society, operating through women's organizations, and those of the State.

54. Today, measures to detect and reduce this type of violence have been diversified, and a containment network has been established consisting of government institutions and non-governmental organizations working towards similar aims.

(4) *Differentiation of women's health priorities: the recognition of women's specific health-related identity and the need to safeguard it*

55. In 1990, the Ministry of Public Health identified 12 priority health problems, chosen on the basis of magnitude, trends, vulnerability and social relevance.

56. Within the programmes and subprogrammes on these issues, the situation of women is addressed in the following areas:

- The Coordinating Unit for the Promotion of Maternal and Child Health carries out programmes on:
- Poorly monitored pregnancy and childbirth;
- Oral health;
- Ocular health.

57. The target population of the maternal and child health programme consists of some 785,000 children between the ages of 0 and 14, who represent 27 per cent of the country's total population, with some 55,000 births per year, and 613,000 women between the ages of 15 and 44, of whom 88 per cent live in urban areas.

*Priority programme on sexually transmitted diseases and acquired immunodeficiency syndrome (AIDS)*

58. This priority was identified on the basis of the number of women (369) infected with human immunodeficiency virus (HIV) and on the fact that, in 67.9 per cent of the cases detected, the virus was transmitted sexually.

*Coordinating Unit for the Promotion of Adult Health — Priority Programme on Breast Cancer*

59. According to government studies, breast cancer represents 9 per cent of all cases of neoplasia suffered by women. This means that its incidence in Uruguay is more than four times the global average, or 112.6 per 100,000 women.

(5) *The gender perspective in education*

60. The progressive incorporation of the gender perspective into education has contributed to the implementation of specific measures to ensure full equality between men and women.

*Implementation of the Convention in the domestic sphere*

61. With respect to the implementation of the Convention on the Elimination of All Forms of Discrimination against Women, the current Constitution does not contain any explicit provision that settles the question of whether national or international provisions take precedence. In the absence of such a provision, this problem has been resolved on the basis of legal doctrine. The majority of national experts consider that international treaties which have been ratified and which are in force in Uruguay have a hierarchical ranking equal to that of ordinary law. The premises on which this conclusion is based are related to the manner in which international treaties are approved in the domestic sphere.

62. Treaties signed by the State through its agents are subject to approval by the legislative branch of government. Pursuant to article 85, paragraph 7, of the 1967 Constitution, the legislative branch is empowered: "To declare war and to approve or disapprove, by an absolute majority of the full membership of both chambers, the treaties of peace, alliance, commerce and conventions or contracts of any nature which the Executive Power may make with foreign Powers".

63. Accordingly, treaties which have been signed cannot enter into force in the domestic sphere unless they are approved by the legislative body. The act by which a treaty is approved has the same legal nature as any other law. It has therefore been affirmed that the laws by which treaties are approved have no other character but that of an ordinary law. This means that the provisions contained in treaties are ranked below those contained in the Constitution. Once ratified, international instruments are implemented by national authorities as mandatory domestic regulations.

*Report on substantive provisions*

*Article 1*
*Equality of women*

*Constitutional equality*

64. There are no legal distinctions, exclusions or restrictions based on sex.

65. Article 7 of the Constitution provides that "The inhabitants of the Republic have the right of protection in the enjoyment of life, honour, liberty, security, labour and property. No one may be deprived of these rights except in conformity with laws which may be enacted for reasons of general interest".

66. Article 8 provides that "All persons are equal before the law, no other distinctions being recognized among them save those of talent and virtue".

*Civil equality*

67. Since the enactment of Law No. 10,783 of 1946, men and women have enjoyed equal civil capacity.

68. Women are free to administer and dispose of their own property irrespective of their marital status.

69. During marriage, unless otherwise expressly agreed in advance, all property is deemed to be part of the assets of the common marital estate and is administered separately and without distinction.

70. At any time, either or both of the spouses may, without specifying the reason, request that the common marital estate be dissolved and liquidated.

71. When this procedure is initiated, creditors are notified by public summons to appear to present their claims. Those who do not appear in time may take legal action only in respect of the property of the debtor spouse.

*Equality in family matters*

72. As specified in article 10 of the above-mentioned law, both spouses are obligated to contribute to household expenses, in proportion to their economic means.

73. In relation to children, parental authority is exercised jointly by both parents, subject, of course, to any judicial decisions which may for just cause have abolished, suspended or limited the exercise of such authority by either of them. In fulfilling the duty of supervision, either spouse may apply to a judge to prevent or correct acts or conduct of the other spouse which the former considers to be harmful to the person or property of the children.

74. A widowed or divorced woman who remarries continues to exercise parental authority, guardianship or custody and continues to administer her children's property completely independently of the new spouse.

75. After divorce, the former husband remains obligated to contribute to the appropriate and decent maintenance of his former wife, if she is not to blame for the separation, by means of alimony payments determined on the basis of the former husband's means and the former wife's needs. Such alimony must enable the woman to maintain the standard of living she enjoyed during marriage. In cases of indigence, the alimony obligation is reciprocal between the former spouses.

*Equality in the political, economic and social spheres*

76. Despite efforts to ensure women's full equality, specific areas of discrimination persist and must be redressed in order to consolidate this equality.

(1) *Women's underrepresentation in positions of power*

77. Until 1966, more men than women were registered to participate in elections as either voters or candidates.

78. In 1971, female voters outnumbered male voters in the country's capital. Since 1984, this numerical superiority has characterized the entire country.

79. Women's participation in the Government has continued to grow in proportion to the growth rates recorded in past decades, but women are still underrepresented.

80. *Women's participation in parliamentary assemblies*

| | *Chamber of Deputies* | | | *Senate* | | |
|---|---|---|---|---|---|---|
| *Year* | *Total* | *Regular members* | *Alternates* | *Total* | *Regular members* | *Alternates* |
| 1943 | 99 | 2 | 0 | 30 | 1 | 2 |
| 1963 | 99 | 3 | 1 | 30 | 1 | 0 |
| 1985 | 99 | 0 | 7 | 30 | 0 | 1 |
| 1997 | 99 | 7 | 49 | 30 | 2 | 6 |

81. *Women's participation in the executive branch*

| *Posts* | *Total* | *1995* | *Women (%)* |
|---|---|---|---|
| President | 1 | 0 | 0 |
| Vice-President | 1 | 0 | 0 |
| Ministers | 13 | 1 | 7.70 |
| Under-Secretaries | 13 | 0 | 7.70 |
| Governors | 19 | 0 | 0 |
| Autonomous entities | 12 | 1 | 8.30 |
| Decentralized services | 4 | 1 | 25.00 |

82. *Women's participation in judicial posts*

| *Posts* | *Total* | *Women (%)* |
|---|---|---|
| Supreme Court members | 5 | 0 |
| Appeals Courts members | 43 | 16 |
| Judges of courts of first instance in Montevideo | 85 | 5.1 |
| Judges of courts of first instance in the interior | 74 | 55 |
| Magistrates in Montevideo | 42 | 86 |
| Magistrates in the interior | 205 | 37 |

83. *Women's participation in Departmental Boards: regular members*

| *Year* | *Montevideo* | *Percentage* | *Interior* | *Percentage* | *Total* |
|---|---|---|---|---|---|
| 1963 | 3 | 9.70 | 22 | 3.90 | 4.20 |
| 1985 | 3 | 9.70 | 28 | 5.00 | 5.30 |
| 1995-1997 | 7 | 22.60 | 74 | 13.30 | 13.80 |

84. *Women in governing bodies of trade unions*

| *National Labour Confederation (PIT-CNT)* | *Both sexes* | *Women* | *Women (%)* |
|---|---|---|---|
| Executive Secretariat | 17 | 3 | 17.60 |
| Governing Board | 42 | 5 | 11.90 |

*Economic and social sphere*

85. Rates of labour-market participation by heads of household, disaggregated by income level and sex, show that most gainfully employed women heads of household are in the first and fifth per-capita income quintiles (46 per cent in the first quintile and 38 per cent in the fifth quintile).

86. The growth of women's participation has been the most significant feature of workforce trends in recent years. Currently, some 45.5 per cent of women (one out of two) aged 15 or over are gainfully employed, and women represent 42.4 per cent of the country's economically active population (EAP).

87. Although the number of women of working age in the urban capital is similar to the number in other urban areas of the country, there are 45,000 more working women in Montevideo than in the country's interior.

88. Trends in women's economic activity rates show an increase of 4 percentage points over the past decade.

89. *Economic activity rate, by sex and year*

| *Year* | *Total* | *Women* | *Men* |
|---|---|---|---|
| 1987 | 54.1 | 39.4 | 72.1 |
| 1997 | 58.2 | 45.5 | 73.1 |

90. Over the past 10 years, the employment rate has risen from 32.6 per cent to 40.1 per cent for women, while the level for men has increased by only about 4 per cent, from 64.5 per cent to 68 per cent.

91. One of the most striking features of women's incorporation into the workforce is the fact that they enter the labour market with higher levels of education than men.

92. Some 19.3 per cent of gainfully employed women have completed tertiary education. This is twice the proportion of men who have this level of education. This difference is observed both in the country's interior and in the urban area of the capital.

93. *Specific rates of women's economic activity, by level of education*

| *Level of education* | *Economic activity rate* |
|---|---|
| No education | 11.30 per cent |
| Primary, incomplete | 24.40 per cent |
| Primary, complete | 35.50 per cent |
| Secondary, incomplete | 45.40 per cent |
| Secondary, complete | 71.10 per cent |
| Technical education | 59.80 per cent |
| Teacher training | 64.60 per cent |
| University education | 73.00 per cent |

94. *Distribution of the employed population, by sex and level of education*

| *Level* | *Women* | *Men* | *Total* | *Women* | *Men* |
|---|---|---|---|---|---|
| **Total** | **100** | **100** | **100** | **41.1** | **58.9** |
| No education | 0.9 | 38 | 100 | 42.7 | 57.3 |
| Primary | 30.4 | 33.1 | 100 | 35.9 | 64.1 |
| Secondary | 39.3 | 16.9 | 100 | 45.3 | 54.7 |
| Technical | 8.5 | 16.9 | 100 | 26 | 73.9 |
| Tertiary | 20.6 | 10.9 | 100 | 56.9 | 43.1 |

95. Women represent the majority of workers in the area of personal services (69.7 per cent of the total) and in professional and technical fields (62 per cent of the total). Only one out of every four managers is a woman.

96. *Percentage distribution of the employed population, by occupation and sex*

| *Occupation* | *Women* | *Men* | *Total* | *Women* | *Men* |
|---|---|---|---|---|---|
| Professionals and technicians | 18.3 | 8 | 100 | 61.6 | 38.4 |
| Managers | 1.4 | 4 | 100 | 20.1 | 79.9 |
| Office workers | 18.8 | 11.7 | 100 | 52.9 | 47.1 |
| Business persons | 15.6 | 13 | 100 | 45.7 | 54.3 |
| Agricultural workers | 1.3 | 6.7 | 100 | 11.6 | 88.4 |
| Drivers | 0.2 | 7.1 | 100 | 2.2 | 97.8 |
| Manual or factory workers | 13.5 | 38 | 100 | 19.9 | 80.1 |
| Personal services | 30.7 | 9.3 | 100 | 69.7 | 30.3 |
| **Total employed population** | **100** | **100** | **100** | **41.1** | **58.9** |

*Article 2*
*Guarantees against discrimination*

97. The Eastern Republic of Uruguay condemns discrimination against women and pursues a policy aimed at eliminating the underlying discrimination that persists in certain areas.

98. As already noted in earlier reports to the Committee and in the present report, Uruguay's legal order lays down explicit rules guaranteeing full legal equality between men and women. The main legal texts governing this matter are described below.

*Civil and political rights*

99. A. Political participation

*Right to vote*:

In 1932, women were given the right to vote.

In 1938, women voted for the first time.

*Right to be elected*: Article 77 of the Constitution guarantees that all citizens, without discrimination, may be elected to any public office, except when citizenship has been suspended.

*Right to legal citizenship*: Article 75 provides that the following have the right to legal citizenship:

A. Men and women of good conduct who have a family within the Republic, possess some capital or property in the country or are engaged in some profession, art or industry, and have resided habitually in the Republic for three years;

B. Foreign men and women without families in the Republic who possess any of the qualifications mentioned in the preceding paragraph and who have resided habitually in the country for five years;

C. Foreign men and women who are granted special treatment by the General Assembly for noteworthy services or outstanding merit.

100. B. Right to nationality

Article 74 of the Constitution states that all men and women born within the territory of the Republic are Uruguayan, as are children of Uruguayan fathers or mothers, whatever their place of birth.

101. C. Right to equality and non-discrimination

Full civil capacity (article 1 of Act No. 10,783 of 1943)

Separate property regime (article 2 of Act No. 10,783)

Divorce may be granted on the petition of the wife alone.

*Economic, social and cultural rights*

102. A. Protection in the workplace

Article 54, paragraph 2, of the Constitution guarantees that women's work shall be regulated and limited by law.

Act No. 5,032 of 1914 prohibits the employment of minors and women for the cleaning or repair of motors in operation or dangerous machinery.

Act No. 6,102 of 1918, popularly known as the "Chair Act", obliges all employers to provide chairs so that women may be seated in all establishments where they are employed.

103. B. Protection of motherhood

Since 1937, women workers have been entitled to six weeks' leave before and after giving birth.

Women cannot be dismissed during their pregnancy or post-childbirth leave (Act No. 11,577). Employers who fail to comply with this provision must pay an amount equivalent to six months' salary in addition to the regular compensation for dismissal.

Women working in the public sector are allowed to work half-time while they are breastfeeding (art. 2 of Decree No. 641/73).

104. C. Equal pay for equal work

Act No. 10,045 of 1989 prohibits discrimination which violates the principle of sexual equality in all aspects of work. The regulations implementing that Act were promulgated in February 1997 by Decree No. 37, which establishes various safeguards against sexual discrimination, fosters inter-agency coordination and facilitates access to protection and monitoring facilities for the government employees concerned. The decree prohibits any violation of the principle of sexual equality in respect of employment in the public or private sectors. Sexual discrimination is prohibited in all means of access to the labour market; consequently, gender-based requirements cannot be directly or indirectly established in vacancy notices or in the selection and appointment of personnel. Article 3 of the aforementioned regulations states that the criteria applied for the purposes of productivity ratings, access to occupational and technical retraining, training, promotion and remuneration must not be gender-based. Any limitation on tenure in a post or employment and any suspension or dismissal which discriminates on the basis of gender is declared illegal; such offences are considered more serious if the motive is a change in civil status, pregnancy or breastfeeding.

The decree states that sexual harassment which occurs in the workplace or is work-related is a serious form of discrimination; such harassment is defined as any unwanted sexual conduct, proposal, gesture or contact that is actually or potentially prejudicial to the woman concerned as regards her employment.

The reservation of certain jobs for persons of a specific sex is declared to be "non-discriminatory" when it is essential for the performance of tasks or activities forming an inherent part of the job or when it is based on international labour conventions ratified by Uruguay.

Any decision taken by an employer to promote equal opportunities and treatment for both sexes in specific cases of inequality is not considered discriminatory.

*Administrative machinery for reporting of sexual discrimination*

105. Victims of sexual discrimination can initiate administrative proceedings by submitting a complaint, as well as seeking redress by judicial means.

106. The complaint will be sent to the General Inspectorate of Labour and Social Security, a specialized technical unit within the Ministry of Labour and Social Security.

107. This office is responsible for imposing administrative and financial penalties on those who fail to comply with the rules prohibiting sexual discrimination.

*Machinery for the dissemination of information aimed at preventing sexual discrimination*

108. Lastly, Decree No. 37/97 established the Inter-Agency Commission, composed of representatives of the Inspectorate General of Labour, the National Employment Bureau, the National Institute for Family and Women's Affairs, and the National Public Administration.

109. The Commission's functions are to:

- Implement educational campaigns aimed first, at promoting interest in, and understanding of, the rights of working women, and the dissemination of information about those rights, with a view to making women and employers aware of the problems involved and second, at removing the obstacles to optimum use of the abilities of all workers, irrespective of gender.
- Propose, coordinate and evaluate programmes supporting the aforementioned aims, so as to provide workers with greater protection against sexual discrimination.

110. The Commission may co-opt representatives of workers and employers and of the non-governmental organizations most closely involved with the implementation of the aforementioned regulations.

*Protection against violence*

*Repression aspect of violence against women*

111. Act No. 16,707 was promulgated on 12 July 1995. Known as the "Citizen Security Act", it is a law whose main outlines were discussed with all political sectors even before the current presidential term began.

112. The Act as adopted amends various provisions of the Penal Code, the Children's Code and special laws.

113. With respect to violence against women, Act No. 16,707 introduces the concept of "domestic violence" into the Uruguayan legal order.

114. In that regard, article 321 of the Penal Code states: "Any person who, as a result of prolonged violence or threats, causes one or more personal injuries to

persons to whom they are related or with whom they have or have had an emotional relationship, irrespective of the existence of any legal link, shall be liable to a penalty of 24 months' imprisonment."

115. The penalty is increased by one third to one half when the victim is a woman and the circumstances and conditions established in the previous paragraph apply.

116. The penalty is increased in the same way if the victim was under 18 years of age or suffered from diminished physical or psychological capacity owing to his age or other circumstances and was related to or lived with the aggressor.

*Preventive aspect — increasing awareness and training of persons who work with victims or people at risk*

117. Action aimed at preventing domestic violence is being taken at both the governmental and non-governmental levels.

118. At the governmental level, the National Institute for Family and Women's Affairs is implementing a national programme for the prevention of domestic violence.

119. One of the most interesting facets of this programme is the implementation of a plan for the training of public officials who, as part of their duties, deal with the victims of violence.

120. The first groups to benefit from this training were therefore members of the police and emergency medical services, medical students, lawyers, and municipal officials from the centres providing training on family rights and women's rights.

*Assistance and treatment in cases of domestic violence*

121. In April 1992, a project aimed at preventing domestic violence and providing assistance and treatment for its victims was launched under the auspices of the Ministry of the Interior.

122. An earlier step with similar aims was the establishment of the Commission for the Dissemination of Information on Women and the Family, composed of police officers who, as part of their duties, receive complaints of domestic violence, investigate cases and arrest those responsible.

123. An office has been established, which operates in three basic areas: assistance, scientific research concerning victims, and police training.

*Assistance*

124. The office provides primary assistance and takes primary containment action in moments of crisis. It also takes the first emergency steps to provide the victim with physical and emotional protection.

125. Secondly, a summons is issued to the aggressor, who is given the same attention as the victim, because victim and aggressor are viewed as two parties to a conflict in which each has played a specific role.

126. The office then makes an initial analysis of the situation, evaluating the risk factors and the likelihood of a recurrence.

127. On the basis of this analysis, an effort is made to resolve the conflict through mediation, before resorting to judicial action.

128. Mediation offers a possibility of social control insofar as that the protagonists agree to fulfil a contract which is drawn up after they have been consulted.

129. These steps are accompanied by parallel action based on social networks (friends, relatives, parishes, sports clubs, etc.).

130. Once the crisis has passed, the situation is carefully monitored, preferably through the support networks that have been created.

131. When mediation fails and further attacks occur, the police inform the judge that an offence has been committed, and a technical report is prepared, describing the facts of the case and the strategy devised for treating the victims.

132. The Office for Assistance to and Treatment of Victims of Domestic Violence is staffed by three psychologists and four social workers in Montevideo, and it is estimated that from 1 January to 30 July 1997 it conducted over 1,000 consultations and 300 mediations.

*Scientific-victimological research*

133. On the basis of the research carried out, a "study file" for the family violence phenomenon has been created in cooperation with the non-governmental organizations concerned.

134. The file is designed to facilitate the following:

(a) Detailed scientific analysis of the violence phenomenon through a detailed longitudinal study of the lives of both victim and aggressor;

(b) Follow-up to evaluate the results of social intervention strategies;

(c) Opening up of avenues of research focusing on the various ways in which violence is expressed and manifested;

(d) Planning of prevention at all levels on solid scientific bases that avoid quick, temporary solutions.

*Police training*

135. The main goal of police training is to create a body of personnel specializing in the reception of victims of family violence.

136. Thus far, at least two training courses have been held within the police force, covering 25 police stations in Montevideo and the interior.

*Machinery for the prevention of violence used by municipal governments*

137. Since 1992, the Montevideo municipal government has been operating a permanent telephone service to assist women who are victims of violence.

*Calls to the Service by problem and type of violence*
*1995-1996*

| | | |
|---|---|---|
| Total calls | 9,761 | 100% |
| Physical maltreatment | | 91.60% |
| Non-domestic maltreatment | | 6.80% |
| Sexual abuse | | 1.60% |
| Total calls | 9,429 | 100% |
| Threats | | 17.10% |
| Abusive conduct/battering | | 70.10% |
| Threats and abusive conduct | | 12.80% |

138. About 92 per cent of the calls providing information mentioned domestic violence and about 83 per cent concerned physical maltreatment, beatings, abusive conduct and expulsion from the home.

*Distribution of cases of violence handled, by woman's educational level*

| | |
|---|---|
| *Educational level* | |
| Primary, incomplete | 11% |
| Primary, complete | 25% |
| Secondary, incomplete | 17% |
| Secondary, complete | 13% |
| Trade College of Uruguay (UTU), incomplete | 2% |
| Trade College of Uruguay (UTU), complete | 9% |
| University, incomplete | 8% |
| University, complete | 6% |

*Distribution of cases of violence handled, by income level*

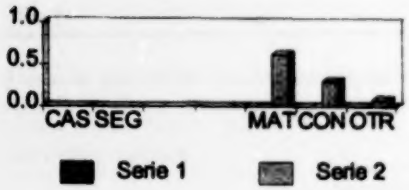
| | |
|---|---|
| *Income level* | |
| Unemployed | 27% |
| Under 1 NMW | 9% |
| 1-2 NMW | 11% |
| 2-4 NMW | 20% |
| 4-6 NMW | 22% |
| Over 6 NMW | 11% |

NMW = National Minimum Wage, equivalent to US$ 100

*Distribution of cases of violence handled, by age group of victim and aggressor*

| *Age group* | *Victim* | *Aggressor* |
|---|---|---|
| Under 30 | 31% | 21% |
| 30-45 | 43% | 44% |
| Over 45 | 36% | 35% |

**Violence and relationship**

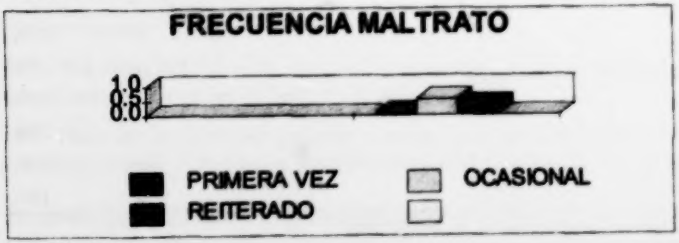



(MAR) Marriage: 62%
(CON) Cohabitation: 30%
(OTH) Other: 8%

*Distribution of cases, by triggering factor*

| | |
|---|---|
| Alcoholic | 48% |
| Battering father | 36% |
| Unemployed | 12% |
| Drug addict | 4% |

**Frequency of maltreatment**




*Support services for minors who are victims or witnesses of violence*

139. Within the Office of Technical Assistance, other support services have been established for minors who are victims or witnesses of violence. These services include a games room and a care and recreation area for children.

140. The care and recreation area, which receives community support through a fund-raising campaign, contains a library, educational games and television, and is

designed to accommodate children who were present when their mothers were subjected to violence.

141. A videotaping area for children who are victims of violence is expected to open soon. It is modelled on a similar area in the Minnesota Children's Hospital in the United States of America. It consists of two rooms separated by a one-way mirror that makes it possible to videotape interviews with children who have been sexually abused. Such interviews are conducted so that the child will not be victimized once again during the police and judicial procedures.

## Uruguay's international position and accession to international instruments combating violence against women

142. Uruguay participates actively in the international forums where women's issues are discussed. Recently, through Act No. 16,735 of 5 January 1996, Uruguay ratified the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, adopted on 9 June 1994 in Belém do Pará, Brazil, as part of the inter-American system of the Organization of American States (OAS) for the protection of human rights.

*Article 3*

143. Any new legislation adopted to promote the full development and the advancement of women is publicized in an annual report issued by the National Institute for Family and Women's Affairs.

144. However, it must be recognized that suggestions made to modify or remedy gender inequalities are nothing more than recommendations without binding force on government authorities.

*Article 5*

145. Constitutionally, both parents have identical responsibilities in the rearing and education of their children. In practice, a poll taken by the National Statistical Institute shows that most women (64 per cent) consider that the husband devotes half or less than half the time that the wife does to the care of the household and the children.

146. Approximately 15 per cent of the women interviewed stated that the husband devoted between 50 and 75 per cent of the time they themselves did to the household. About 17 per cent of those polled believed that the husband devoted the same about of time as they did.

147. Seventy-four per cent of the women said that they performed household chores and took care of their children's physical needs (bathing, feeding, etc.) without the help of their husbands, and only 26 per cent received any kind of help. The National Institute for Family and Women's Affairs has been working intensively on the question of domestic violence. In the course of 1997, it held three workshops for officials of the Ministry of the Interior, one international seminar open to those active in the field, and also three workshops for journalists and one round-table discussion.

**Distribution of household chores between spouses**

*Frequency of egalitarianism within the home*

| | *Frequency* | *Percentage* | *Cumulative percentage* |
|---|---|---|---|
| Husband devotes less than 25 per cent of time spent by wife | 204 | 27.9 | 27.9 |
| Husband spends half the time | 263 | 36.0 | 64.0 |
| Husband spends 50 to 75 per cent of the time | 113 | 15.5 | 79.5 |
| Husband spends the same amount of time | 122 | 16.7 | 96.2 |

*Frequency of egalitarianism within the home based on performance of child-related tasks by both spouses or only by the women surveyed*

| | *Frequency* | *Percentage* | *Cumulative percentage* |
|---|---|---|---|
| Husband and wife together | 224 | 27.9 | 27.9 |
| Done by the wife without the husband's help | 482 | 60.3 | 88.2 |
| Done by the wife without any help | 94 | 11.8 | 100 |

148. The double workday is a reality for all women who have jobs. A total of approximately 17 hours are worked daily inside and outside the home.

**Average number of hours devoted to household and child-related tasks by women and their husbands, based on woman's working status and socio-occupational stratum**

| | *Average number of hours spent* | |
|---|---|---|
| | *Woman* | *Man* |
| *Woman's working status* | | |
| Working outside the home | 8.7 | 5.5 |
| Working in the home | 15.8 | 5.1 |
| Non-working | 15.7 | 4.9 |
| *Woman's occupational stratum* | | |
| High | 9.5 | 6.2 |
| Upper-middle | 9.1 | 5.2 |
| Middle | 9 | 5.2 |
| Lower-middle | 9.7 | 5.6 |
| Low | 10.4 | 5.8 |

*Article 7*
***Exploitation of women***

149. It has been an offence under Uruguay's criminal law since 1927 to exploit the prostitution of another.

150. Article 1 of the Act on Procuring, as amended in 1995, provides:

"Any person of either sex who exploits the prostitution of another, by abetting it in any manner for the purpose of profit, even with the consent of the victim, shall be subject to two to eight years of imprisonment".

151. Under article 2 of the Act, "the minimum penalty shall be four years of imprisonment if the victim is under the age of 18 or the offender is a police officer, if the act occurs as a result of deception, violence, threat of serious harm or abuse of authority, or if the agent is a direct ascendant, husband, brother, guardian or custodian of the victim or lives conjugally with the victim".

152. In Uruguay, prostitutes are unionized and are members of the Single Central Union of Workers.

153. According to estimates by the Association of Public Prostitutes of Uruguay (AMEPU), about 10,000 persons are engaged in prostitution in the country. During 1993, this trade union worked in close conjunction with the Department of Forensic Medicine of the Faculty of Medicine and with representatives of the national and department governments and the main non-governmental human rights organizations to draft two bills that would resolve some of the urgent problems faced by prostitutes.

154. Among the proposed initiatives are the establishment of clear health guidelines and the registration of sex workers as self-employed in order to allow them to join the social security system and become eligible for its benefits.

155. These proposals are under consideration in the National Parliament and have not yet been approved.

*HIV/AIDS*

156. Between 1983 and 1998, a total of 2,499 cases of HIV infection were reported. Men accounted for 74 per cent of these cases and women, 26 per cent. Over the same period, 1,033 cases of AIDS were reported, which resulted in 561 deaths. The most recent studies estimate the number of cases of HIV infection at 7,200. In Uruguay, sexual transmission is the chief means of contagion, accounting for 67 per cent of cases; within this category, heterosexual activity accounts for 49.6 per cent, homosexual activity for 26 per cent and bisexual activity for 16 per cent. Only 5.7 per cent of HIV cases and 4.5 per cent of AIDS cases are attributable to female prostitution.

157. It is possible to trace the evolution of the infection by comparing AIDS figures to HIV figures. The AIDS figures reveal the patterns of HIV infection in the past (nearly 10 years ago). They show a decline in the percentage of cases among homosexuals and bisexuals and an increase in the percentage of cases among heterosexuals and sex workers, although, in the latter case, the increase seems to be minor.

**Transmission through sexual activity: percentage of cases, by sexual orientation**

| | *AIDS* | *HIV* |
|---|---|---|
| Homosexuals | 37.1 | 26 |
| Bisexuals | 25.1 | 16 |
| Heterosexuals | 32.9 | 49.6 |
| Sex workers | 4.5 | 5.7 |

158. The measures taken to reduce the impact of AIDS in Uruguay include publicity and consciousness-raising campaigns about AIDS, a focus on the sectors most at risk, active epidemiological monitoring, mandatory testing of all blood products and products of human derivation, and free medical care offered in two centres set up for the purpose.

*Article 8*
*Participation*

**Staffing table for Ministry of Foreign Affairs, by sex and post**

| *Post* | *Men* | *Women* | *Total* |
|---|---|---|---|
| Ambassador | 16 | 1 | 17 |
| Minister | 20 | 4 | 24 |
| Minister Counsellor | 19 | 8 | 27 |
| Counsellor | 25 | 13 | 38 |

159. Entry into the Foreign Service, except for the posts considered to be within the purview of the executive branch, is possible only from the Third Secretary level, that is, through the lower rank of the staffing table of the Ministry of Foreign Affairs.

160. Candidates for Third Secretary posts are selected by elimination in a competitive examination open to nationals up to the age of 35 who have completed the advanced secondary-school course.

161. The competition is announced publicly in newspapers with a national circulation. A panel of judges appointed for the purpose, comprising university professors and leading figures chosen especially for their particular competence in international affairs, evaluates the merits of the applicants.

162. The Ministry of Foreign Affairs offers the candidates who have obtained the required marks a six-month contract renewable for a further six months. During this time the probationary appointees follow training courses given by the Ministry itself, take tests and examinations, and work in the various departments for up to 15 hours a week.

163. After the probationary year, they are appointed to Third Secretary posts against budgeted vacancies.

164. With the establishment of an open competition by examination, there has been an appreciable increase in the number of women in the lower ranks of the diplomatic foreign service. This holds out prospects for an eventual gender balance in high-ranking diplomatic service posts.

165. At the present time, no woman holds any of the four highest posts (Minister, Under-Secretary, Head of Department). Nevertheless, it should be noted that there has been an extremely rapid increase in recent years in the responsibilities assigned to women, in departments with particular visibility because of the area administered or because of a given bilateral or technical feature.

166. The following departments, among others, are headed by women: the Department of Treaties and Borders, Department of the Environment, Department of Multilateral Affairs, Department of Integration, Department of Legal Affairs, Department of International Law, and Department of Foreign Trade.

*Legal status of spouses*

167. Diplomatic service personnel married to each other may simultaneously hold posts abroad in the same country, provided that neither of the posts reports directly to the other.

168. When one spouse is assigned to a permanent post abroad, the other may request special permission to accompany that spouse in the performance of his or her duties. The special permission shall be granted for the period during which the assigned spouse holds that post and may be authorized only once for each spouse.

*Article 9*
*Women and nationality*

169. The Constitution of Uruguay does not use the term nationality, but rather citizenship. All persons, men and women alike, born in the territory of the Republic are recognized as citizens. Likewise, children of a Uruguayan father or mother are natural citizens, regardless of where they were born, once they are entered into the civil register.

170. The current Constitution provides as follows: "The citizens of the Eastern Republic of Uruguay are natural or legal" (art. 73). "All men or women born anywhere within the territory of the Republic are natural citizens. The children of a Uruguayan father or mother, wherever their place of birth, also become natural citizens by virtue of their establishing residence in the country and enrolling in the civil register" (art. 74).

171. Our constitutional law has thus opted for *jus sanguinis*.

172. This led to the adoption of Act No. 16,021 of 4 April 1989, interpreting articles 74 and 75 of the Constitution and introducing into domestic law the status of a national. Article 1 of the Act provides: "[omission]

173. Another category of citizens is that of legal citizens. These are foreigners who have become naturalized Uruguayans, that is, who have completed the formalities required by law to obtain citizenship papers.

174. According to article 75 of the Constitution:

> "The following have the right to legal citizenship:
>
> "(a) Alien men and women of good conduct, who have families in the Republic, who possess some capital or property in the country or who are engaged in some profession, craft or industry, and have resided habitually in the Republic for three years;
>
> "(b) Alien men and women of good conduct, without families in the Republic, who possess any of the qualifications mentioned in the preceding paragraph and have resided habitually in the country for five years;
>
> "(c) Alien men and women who obtain a special courtesy from the General Assembly for noteworthy services or outstanding merit.
>
> "Proof of residence must be based on a public or private document of proven date.

"The rights appertaining to legal citizenship may not be exercised by the aliens referred to in paragraphs (a) and (b) until three years after the issuance of their respective citizenship papers.

"The existence of any of the grounds for suspension referred to in article 80 shall bar the granting of citizenship papers."

175. From a gender perspective, it should be noted that ever since the adoption of the country's second Constitution in 1918, the texts concerning citizenship (arts. 74 and 75) refer to both men and women, thus ensuring them equal rights in terms of nationality and citizenship.

*Loss of nationality*

176. Nationality, or natural citizenship, is not lost even if one is naturalized in another country. In other words, Uruguay allows dual nationality for its citizens.

177. In practice, the very configuration of our national identity, built up by the successive floods of immigrants that came to the country over the last two centuries, makes for a very high percentage of Uruguayans who, in addition to Uruguayan nationality, hold Spanish or Italian citizenship.

178. According to article 81 of the Constitution, "nationality is not lost even in the event of naturalization in another country, the only requirement for recovery of the exercise of the rights of citizenship being the establishment of residence in the Republic and enrolment in the civil register. Legal citizenship is lost as a result of any other form of subsequent naturalization".

*Article 10*
*Equal access to education*

179. For more than a century, a set of values has served as the underpinning of the educational system in Uruguay. Universal school enrolment and the integration of education into all sectors of the country's society, a secular approach that promotes a non-dogmatic, critical attitude in students and the freedom and autonomy of teachers are the basic principles of education in Uruguay. Furthermore, they are constitutionally protected. The Constitution in force since 1967 recognizes education as one of the priority human rights by guaranteeing freedom of education, including the right to teach, the right to learn and the right to establish and organize institutions of learning. Compulsory primary and secondary schooling is free of charge, as are agricultural and industrial training and higher education, and this is the pillar on which the country's entire educational system rests.

*Uruguayan education free of charge at all levels*

180. (a) Public primary education is free of charge and compulsory.

181. The compulsory portion comprises six years of basic education and three of secondary education. Of the total number of children who enter the educational system, 74 per cent attend public school in Uruguay, the remainder having chosen private education. Official figures show that 98.9 per cent of children aged 11 have graduated from primary school.

182. According to data from the United Nations Educational, Scientific and Cultural Organization (UNESCO), Uruguay had a school enrolment rate of 92 per cent in 1986, ranking fifth in the continent.

183. (b) Secondary schools are also free of charge and take in young people from the upper, middle and lower classes. Secondary school enrolment has risen constantly since the return of democracy. Currently, 90 per cent of young people from the ages of 13 to 15 are enrolled in the unified basic secondary school course of study, a figure now approaching full coverage. Enrolment is stationary because virtually full coverage has been achieved and the country's population growth is practically zero.

184. (c) University education is also free of charge. Up to 1986, higher education was an absolute State monopoly. In that year, the establishment of the country's first private university, the Catholic University of Uruguay, was authorized.

185. (d) Appropriate information and guidance on the various courses of study are offered by the different university departments.

186. *The right to education, a right achieved.*

187. There is no difficulty in ensuring the right to education in Uruguay. Nevertheless, there is general public agreement that the educational system must be overhauled to adapt it to the new demands of today's world.

188. Training children and young people in the uses of technology is a major element in their education and the challenge must be met if Uruguay is to reduce the educational lag with respect to the developed countries, and maintain the standard of competitiveness of its trained manpower.

189. (a) *The achievement of the right to higher education, by sex.*

All three levels of education offer co-educational instruction.

**Number of pupils per educational sector**

| | |
|---|---|
| Pre-school education | 69 464 |
| Primary education | 341 197 |
| Secondary education | 183 470 |
| Technical education | 56 788 |
| University education | 62 026 |
| **Total** | **712 945** |

(b) *Specific difficulties*

190. The main problem in Uruguay is not to make education generally available but rather to use the system as one way of resolving social inequalities and promoting social mobility. The educational system has a very broad outreach; those not in school represent 3.5 per cent of the overall population between the ages of 6 and 11. However, problems with students repeating grades or needing remedial work and with over-age students occur in schools situated in areas where there is a greater concentration of needy households, in Montevideo and the urban interior.

191. In schools in the rural interior, performance is better, probably owing to the degree to which they have established links with the community. The State has tried to redesign the school model to make provision for remedial work while at the same time not falling into the trap of discrimination by creating "schools for the poor". Experiments with "full-time" schools, where meals are served in addition to classes being taught, have been set up in 12 school sites. The 12 schools are situated in areas where there is a high concentration of needy households. The full-time school represents an educational alternative providing a closer link between the educational institution and the social environment to which the pupil belongs, and offering educational programmes that aim at the development of the entire child and the family's participation in the process of learning.

192. *Statistics on access to education, by sex*

**Changes in literacy rate for population over age 10, by sex and geographical area**

| *Area* | *Total* | *Men* | *Women* |
|---|---|---|---|
| **Country total** | | | |
| 1963 | 10.5 | 10.3 | 10.7 |
| 1985 | 4.3 | 4.7 | 3.8 |
| **Urban area** | | | |
| 1963 | 8.9 | 8.1 | 9.7 |
| 1985 | 3.7 | 3.8 | 3.6 |
| **Rural area** | | | |
| 1963 | 17.3 | 18.1 | 16.3 |
| 1985 | 8.0 | 9.7 | 5.7 |

*Source*: Calculations based on data from 1963 and 1985 censuses.

**Illiterate population above the age of 10 and illiteracy rate, by geographic region and sex**

| | | *Illiterate population* | | | | |
|---|---|---|---|---|---|---|
| *Area and sex* | *Total* | *Percentage* | *Urban* | *Percentage* | *Rural* | *Percentage* |
| Country total | **103 039** | 4.3 | 78 297 | 3.7 | 24 742 | 8.0 |
| Montevideo | **25 584** | 2.3 | 23 306 | 2.2 | 2 278 | 5.1 |
| Interior | **77 455** | 5.9 | 54 991 | 5.2 | 22 464 | 8.6 |
| Men | | | | | | |
| Country total | **55 419** | 4.7 | 37 767 | 3.8 | 17 652 | 9.7 |
| Montevideo | **10 746** | 2.1 | 9 468 | 2.0 | 1 278 | 5.5 |
| Interior | **44 673** | 6.7 | 28 299 | 5.6 | 16 374 | 10.3 |
| Women | | | | | | |
| Country total | **47 620** | 3.8 | 40 530 | 3.6 | 7 090 | 5.7 |
| Montevideo | **14 838** | 2.5 | 13 838 | 2.4 | 1 000 | 4.6 |
| Interior | **32 782** | 5.0 | 26 692 | 4.8 | 6 090 | 5.9 |

*Source*: Based on information from sixth population census.

**Illiteracy rate, by sex, age group and area**

| Area and age group | Illiteracy rate | | |
|---|---|---|---|
| | Total | Men | Women |
| **Total** | **4.3** | **4.8** | **3.8** |
| 10-19 | **1.3** | 1.6 | 1.0 |
| 20-29 | **1.55** | 2.0 | 1.1 |
| 30-39 | **2.32** | 3.0 | 1.7 |
| 40-49 | **3.38** | 4.3 | 2.6 |
| 50 and above | **8.9** | 9.7 | 8.2 |
| **Urban** | **3.7** | 3.8 | 3.6 |
| 10-19 | **1.2** | 1.4 | 0.9 |
| 20-29 | **1.3** | 1.6 | 1.0 |
| 30-39 | **1.9** | 2.3 | 1.5 |
| 40-49 | **2.7** | 3.1 | 2.3 |
| 50 and above | **7.8** | 8.0 | 7.7 |
| **Rural** | **8.0** | 9.7 | 6.7 |
| 10-19 | **2.0** | 2.5 | 1.4 |
| 20-29 | **3.2** | 4.1 | 2.0 |
| 30-39 | **5.2** | 6.8 | 3.0 |
| 50 and above | **8.0** | 10.0 | 4.9 |
| | **16.8** | 19.0 | 13.2 |

*Source*: Sixth population census and fourth household survey.

*Level of education, by sex*

**Distribution of population over age 10, by area, sex and highest level of education reached**

| Level of education | Montevideo | | | | Urban interior | | |
|---|---|---|---|---|---|---|---|
| | 1985 Census | | 1984 CHS | | 1985 Census | | 1994 CHS |
| | Men | Women | Men | Women | Men | Women | Men |
| **Total** | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| No schooling | 2.4 | 3.4 | 1 | 1.8 | 6.6 | 6.8 | 3.2 |
| Primary | | | | | | | |
| Incomplete | 18.2 | 17.7 | 12.5 | 12.6 | 30.6 | 27.2 | 21.3 |
| Complete | 24.9 | 28.1 | 22 | 25.5 | 29 | 29.8 | 27.3 |
| Secondary | | | | | | | |
| 1st cycle | 21.3 | 22.4 | 24.8 | 25.1 | 15.1 | 17.7 | 20 |
| 2nd cycle | 8.3 | 9.3 | 10.9 | 12 | 5.1 | 7.3 | 9.7 |
| Technical | 13.2 | 6.1 | 14.5 | 6.7 | 10.3 | 5.5 | 13.9 |
| University | 9.9 | 8.4 | 12.7 | 12 | 2 | 1.5 | 3.2 |
| Teaching programme | 0.5 | 4 | 0.6 | 4.1 | 0.6 | 4 | 0.8 |
| Others | 1.5 | 0.5 | 1 | 0.2 | 0.7 | 0.3 | 0.6 |

*Source*: Calculations on the basis of data from 1985 population census and continuing household survey (CHS).

**Distribution of urban population over age 12, by level of education, age and sex, 1994**

| | | Level of education | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Primary | | Secondary | | | |
| *Age groups* | *Total* | *No schooling* | *Incomplete* | *Complete* | *1st cycle* | *2nd cycle* | *Technical* | *University* | *Teaching programme* |
| **Men** | | | | | | | | | |
| 12 to 14 | 100 | 0.3 | 25.2 | 6.8 | 57.1 | 0 | 10.5 | 0 | 0 |
| 15 to 19 | 100 | 0.3 | 5 | 13.5 | 34.5 | 23.1 | 19.2 | 3.8 | 0.2 |
| 20 to 24 | 100 | 0.4 | 4.4 | 15.7 | 23.5 | 18.9 | 22.6 | 13.3 | 0.5 |
| 25 to 29 | 100 | 0.6 | 4.8 | 18.6 | 21.2 | 14.9 | 21.7 | 15.8 | 1.2 |
| 30 to 34 | 100 | 0.7 | 7.2 | 23.1 | 23 | 12.9 | 19 | 11.6 | 1.1 |
| 35 to 39 | 100 | 0.5 | 7.8 | 23.2 | 22.5 | 11.7 | 21.4 | 11.2 | 0.5 |
| 40 to 44 | 100 | 0.8 | 13.6 | 26 | 20.6 | 10.6 | 16.1 | 10.7 | 1.2 |
| 45 to 49 | 100 | 1 | 17.1 | 27.9 | 18.5 | 8.2 | 15.5 | 9.1 | 2.2 |
| 50 to 54 | 100 | 1.8 | 19.9 | 30.6 | 19.6 | 7.8 | 11.3 | 7.7 | 0.7 |
| 55 to 59 | 100 | 2.2 | 26.8 | 33.6 | 15.2 | 5.2 | 9.5 | 6.1 | 0.2 |
| 60 and above | 100 | 6.6 | 34.4 | 37.7 | 9.6 | 2.7 | 3.5 | 4.1 | 0.7 |
| **Women** | | | | | | | | | |
| 12 to 14 | 100 | 0.3 | 20 | 5.7 | 69.7 | 0 | 4.1 | 0 | 0 |
| 15 to 19 | 100 | 0.1 | 2.8 | 9.9 | 34.6 | 34.1 | 12 | 5.5 | 0.9 |
| 20 to 24 | 100 | 0.5 | 2.9 | 12.7 | 22.3 | 25.7 | 10.9 | 20 | 4.6 |
| 25 to 29 | 100 | 0.6 | 4 | 18.6 | 23.1 | 17.7 | 10.3 | 18.6 | 6.7 |
| 30 to 34 | 100 | 0.7 | 5.1 | 19.9 | 28.3 | 16.1 | 8.4 | 15.1 | 6 |
| 35 to 39 | 100 | 0.8 | 7.2 | 22.9 | 27.3 | 15.7 | 8.7 | 12.1 | 4.8 |
| 40 to 44 | 100 | 1.3 | 11 | 28.8 | 22.9 | 12 | 9.1 | 8.2 | 6.6 |
| 45 to 49 | 100 | 1.2 | 15.5 | 31.2 | 22.3 | 9.2 | 6.3 | 6.6 | 7.6 |
| 50 to 54 | 100 | 1.5 | 28.7 | 32.5 | 19.8 | 8.2 | 6.3 | 5.9 | 5 |
| 55 to 59 | 100 | 3.9 | 24.7 | 38.2 | 14.9 | 5.2 | 5 | 3.4 | 4.7 |
| 60 and above | 100 | 8.3 | 31.7 | 39.5 | 9.8 | 2.4 | 2.3 | 2 | 3.9 |

*Source*: Prepared on the basis of 1994 CHS data.

*Primary education*

**Primary and pre-school education, by sex and region, 1994**

| | Pre-school education | | Primary education | |
|---|---|---|---|---|
| *Geographic area* | *Men* | *Women* | *Men* | *Women* |
| **Total** | **51.5** | **52.4** | **94.9** | **95.3** |
| Montevideo | 62.1 | 59.8 | 94.4 | 94.9 |
| Urban interior | 42.2 | 46.2 | 95.4 | 95.6 |

*Source*: Prepared on the basis of 1994 CHS data.

*Intermediate education*

**Intermediate education (secondary and technical/vocational), by area and sex**

| | *Intermediate education* | |
|---|---|---|
| *Area* | *Men* | *Women* |
| **Total** | **61.6** | **70.4** |
| Montevideo | 66.0 | 72.3 |
| Urban interior | 57.0 | 68.9 |

*Source*: Prepared on the basis of 1994 CHS data.

**Changes in enrolment at the Trade College of Uruguay (UTU), by sex, 1970-1994**

| *Year* | *Total* | *Total* | *Men* | *Women* |
|---|---|---|---|---|
| | (Index 70 = 100) | | | |
| 1970 | 100.0 | 100 | 58.9 | 41.1 |
| 1975 | 104.8 | 100 | 61.7 | 38.3 |
| 1980 | 117.6 | 100 | 62.0 | |
| 1985 | 150.1 | 100 | 65.6 | 34.4 |
| 1990 | 171.8 | 100 | 53.9 | 46.1 |
| 1992 | 179.6 | 100 | 55.2 | 44.8 |
| 1993 | 179.2 | 100 | 55.3 | 44.7 |
| 1994 | 168.4 | 100 | 56.2 | 43.8 |

*Source*: Department of Statistics, Trade college of Uruguay.

**Distribution by sex of students enrolled in various technical and vocational training institutions**

| | *Total population* | |
|---|---|---|
| *Institution* | *Men* | *Women* |
| **Total** | | |
| Production and Training Centre | 52.1 | 47.9 |
| Industrial Design Centre | 60.7 | 39.3 |
| ORT | 35.4 | 64.6 |
| Computer Workshop | 62.5 | 37.5 |
| Computer School | 58.2 | 41.8 |
| Military Academy | 61.8 | 38.2 |
| Military School | 100.0 | 0 |
| Naval School | 100.0 | 0 |
| School of Aviation | 100.0 | 0 |
| National Police School | 100.0 | 0 |

*Note*: Based on data from the Statistical Yearbook on Education.

*University education*

**Coverage of university education by region and sex, 1996**

| *Region* | *Men* | *Women* |
|---|---|---|
| **Total** | **10.9** | **15.7** |
| Montevideo | 16.4 | 21.7 |
| Urban interior | 5.1 | 9.1 |

*Source*: Based on CHS data.

**Distribution by sex and profession of students enrolled in the faculties and schools of the University of the Republic**

| *Faculty School* | *Total* | *Men* | *Women* |
|---|---|---|---|
| Agronomy | 100 | 42.6 | 57.4 |
| Architecture | 100 | 74.5 | 25.5 |
| Economic sciences | 100 | 56.1 | 43.9 |
| Law | 100 | 35.1 | 64.8 |
| Humanities | 100 | 36.2 | 63.8 |
| Medicine | 100 | 42.1 | 57.9 |
| Veterinary medicine | 100 | 59.5 | 40.5 |
| Nursing | 100 | 6.6 | 93.4 |
| Midwifery | 100 | 0 | 100.0 |

*Encouragement of women's entry into non-conventional professions*

193. Since March 1997, there are eight women among the students of the School of Military Aviation. The School of Military Aviation is the last of the military schools to join the trend towards accepting applications by women for entry, a process that began with the army in 1995 and 1996. Uruguay is the third country in Latin America to include women in the training of pilots of military aircraft.

*Article 11*
*Women and labour*

(a) *Equality of women in employment*

194. As indicated in the preceding paragraphs, women make up 45 per cent of Uruguay's labour force.

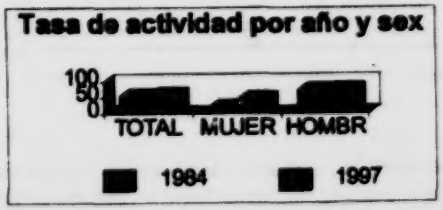
*Urban female population (in thousands)*

*By occupational category*

| *Category* | *Total* | *Montevideo* | *Interior* |
|---|---|---|---|
| Active | 555 | 300 | 254 |
| Employed | 488 | 264 | 223 |
| Unemployed | 488 | 264 | 223 |
| Inactive | 665 | 312 | 352 |
| Students | 83 | 40 | 43 |
| Household | 210 | 94 | 115 |
| Retired | 316 | 151 | 164 |
| Independent means | 6 | 4 | 2 |
| Others | 50 | 23 | 27 |
| Minor | 292 | 129 | 164 |

**Rate of activity by sex**

| *Year* | *Total* | *Women* | *Men* |
|---|---|---|---|
| 1984 | 54.1 | 19.4 | 72.1 |
| 1997 | 58.2 | 45.5 | 73.1 |




*Rate of activity, by age group and sex*

| | | *1995* | | *1994* | |
|---|---|---|---|---|---|
| *Age* | *Total* | *Men* | *Women* | *Men* | *Women* |
| 14-19 | 59.0 | 73.8 | 46.6 | 73.1 | 45.5 |
| 20-24 | 42.2 | 51.4 | 32.6 | 52.7 | 32.4 |
| 25-34 | 79.8 | 89.7 | 70.2 | 89.3 | 69.1 |
| 35-44 | 84.1 | 97.0 | 72.8 | 97.7 | 70.8 |
| 45-54 | 77.0 | 95.1 | 61.8 | 95.1 | 61.2 |
| 55-64 | 50.5 | 73.7 | 31.8 | 72.1 | 30.9 |
| 65 and above | 11.6 | 19.3 | 6.7 | 16.9 | 6.2 |

*Female employment in rural areas*

195. Uruguay's rural population has declined, falling from 474,300 to 374,100 according to 1996 figures. This indicates that 47,000 women emigrated from the countryside during the period in question. The decline in the female population was not accompanied by a reduction in the economically active population, which remained at about 28,000. The rate of activity among females rose from 18.2 in 1975 to 23.5 in 1995.

196. The 1990 agricultural and stockbreeding census showed that some 29,233 women worked on farms of one or more hectares, a figure that has declined as compared with the 31,511 women who were working on such farms in 1980.

197. Officially, the statistics show that the rural female population has fallen by 7 percentage points in a decade.

*Number of persons living and working on agricultural and stockbreeding farms, by sex, age and year (in thousands)*

| | *Living* | | *Working* | |
|---|---|---|---|---|
| *Sex and age* | *1996* | *1980* | *1996* | *1980* |
| Women | 86 | 111 | 29 | 31 |
| 14 and over | 65 | 84 | 38 | 29 |
| Under 14 | 21 | 27 | 1 | 2 |
| Men | 127 | 153 | 111 | 128 |
| 14 and over | 103 | 123 | 103 | 124 |
| Under 14 | 24 | 30 | 3 | 4 |

*Source*: Agricultural and stockbreeding census.

*Rural women and land tenure*

198. More than half of the women who work in rural areas are between 35 and 64 years of age and are members of the family owning the agricultural or stockbreeding farm on which they reside. A majority of the female workers share in the legal proprietorship of the land on which the farm is situated.

*Working female population, by age group and form of land holding (in thousands)*

| *Age* | *Farm worker* | *Producer* | *Individual* |
|---|---|---|---|
| 14 to 34 | 10.9 | 7.8 | 3.1 |
| 35 to 64 | 15.6 | 13 | 2.6 |
| 65 and over | 1.4 | 1.4 | 1.2 |

*Women and land*

| *Form of holding* | *No. of women* |
|---|---|
| **Total** | **29.2** |
| Proprietors | 16.9 |
| Renters | 4.5 |
| Sharecroppers | 0.2 |
| Squatters | 1.3 |
| Others | 6.4 |

### *Unemployment*

199. Unemployment affects women more than men. While 10.2 per cent of the economically active population is unemployed, the rate of unemployment among economically active women is 12.1 per cent.

*Share in the unemployment rate*

| *Sex* | *Share* |
|---|---|
| **Total** | **10.2** |
| Women | 6.1 |
| Men | 4.1 |

*Rate of female unemployment by age group and area (%)*

| *Age* | *Total* | *Montevideo* | *Interior* |
|---|---|---|---|
| 14-19 | 43.1 | 47.3 | 39.2 |
| 20-24 | 21.4 | 22.3 | 20.2 |
| 25-29 | 12.9 | 11.8 | 14.3 |
| 30-39 | 9.0 | 8.7 | 9.4 |
| 40-49 | 6.1 | 6.2 | 6.0 |
| 50-59 | 3.7 | 3.5 | 4.0 |
| 60 and over | 2.8 | 3.3 | 2.2 |

200. Unemployment particularly affects young women aged 15 to 24, while the rate falls substantially from the age of 25 and over.

**Rate of female unemployment, by occupational category and area**

| *Occupational category* | *Total* | *Montevideo* | *Interior* |
|---|---|---|---|
| Professionals, technicians and managers | 2.4 | 2.3 | 2.6 |
| Office workers | 6.4 | 6.5 | 6.2 |
| Sales personnel | 10.3 | 12.1 | 8.5 |
| Farmers and stockbreeders | 8.8 | 2.2 | 12.4 |
| Manual workers | 12.5 | 15.7 | 8.8 |
| Service workers | 11.4 | 10.0 | 12.7 |

(b) *Non-discrimination in hiring and promotion*

201. As noted in paragraph 105, a decree adopted in 1997 made illegal and therefore punishable conduct by management involving the application of hiring standards prejudicial to the principle of sexual equality in employment.

(c) *The right to equal remuneration*

202. In spite of the fact that Act No. 10,045 prohibits wage discrimination on the basis of sex, there are sectors of activity in which this principle is not respected. The greatest inequality is apparent among professionals and managers, where women receive slightly more than half of the hourly income received by men in the same circumstances.

*Income, by primary occupation, and hourly remuneration, by occupation and sex*

| Category | Men | | Women | |
|---|---|---|---|---|
| | Income | Hourly remuneration | Income | Hourly remuneration |
| Professional and managerial | 6 727.2 | 135.6 | 3 034.6 | 74.7 |
| Office workers | 3 394.7 | 82.0 | 2 383.1 | 66.1 |
| Sales personnel | 4 264.8 | 84.8 | 1 973.6 | 47.2 |
| Service personnel | 2 498.2 | 52.3 | 1 223.1 | 36.5 |

*Ratio of income of women to that of men*

| Category | Ratio |
|---|---|
| 1 | 55.1 |
| 2 | 80.5 |
| 3 | 55.7 |
| 4 | 69.9 |

(d) *Women and social security*

203. Under Uruguayan legislation as recently amended, retirement may be:

(a) Ordinary;

(b) Retirement because of total disability;

(c) Retirement because of advanced age.

204. The possibility of early retirement enjoyed by political office-holders or persons having the confidence of the executive power has been specifically abolished.

*Ordinary retirement*

205. The following conditions are required for ordinary retirement: to have reached the age of 60 and completed 35 years of service together with actual payment of the contributions required for those periods of time spent as an independent worker or registration as an employed person for the periods of time spent as an employee. These conditions remain the same even if the minimum periods required are completed after the date of cessation of activity.

206. The former system established a minimum age of retirement of 55 years for women. A change in the social security system, based on studies of the life expectancy of women, provides for a transitional system until the year 2003, at which time the minimum age of retirement for women will be the same as that for men, that is, 60.

*Retirement because of total disability*

207. Eligibility for retirement because of total disability exists where any of the following conditions are met:

(a) Complete and permanent incapacity to do work of any kind occurring during employment or a period of compensated unemployment, whatever the cause, and provided that there have been at least two years of recognized employment, of which a minimum of six months occurred in the year prior to the onset of the incapacity;

(b) Complete and permanent incapacity to do any work caused by or a result of work, whatever the period of employment;

(c) Complete and permanent incapacity for work of any kind occurring within two years following the cessation of work or the expiration of the period of compensated unemployment, for whatever cause, when 10 years of recognized employment have been completed and provided that the participant is not the recipient of any other retirement benefit except that provided under the individual savings retirement scheme established by the new system.

208. Persons completely and permanently incapacitated for work of any kind who are ineligible for retirement on the basis of total disability because they do not meet the required legal conditions may be eligible for non-contributory assistance on the grounds of disability.

209. The allowance for total disability is 65 per cent of the basic retirement benefit. The basic retirement benefit has been fixed as the average monthly revalued benefit for the last 10 years of employment recorded in the individual's employment record. Where more favourable for the participant, the basic benefit may be calculated on the basis of the average for the best 20 years of revalued benefits. Where actual periods of employment are less than the periods required, the revalued average for the periods of employment actually recorded may be used.

*Old-age pensions*

210. Old-age pensions are granted when a person reaches age 70, regardless of employment status, provided only that the person has completed at least 15 years' pensionable service.

211. Old-age pensions are incompatible with any other pension, allowance or transitional benefit paid by reason of partial disability, except for benefits accruing from the mandatory personal pension savings scheme.

212. In both the public and the private sectors, the minimum retirement age for the ordinary retirement pension is 60 for both sexes. For women, it used to be 55. In view of this, the reform provides for a gradual increase in the age requirement for women, as shown in the following table:

- Age 56 — 1 January 1997
- Age 57 — 1 January 1998
- Age 58 — 1 January 2000
- Age 59 — 1 January 2001
- Age 60 — 1 January 2003

213. Under the new mixed system which is coming into force (intergenerational solidarity plus mandatory personal savings), from age 65, provided the eligibility conditions are met, members will have the right to receive benefits from the savings-based pension scheme even if they have not left gainful employment, and are exempt from paying further contributions into the scheme.

*Death and disability pensions*

214. Widows, widowers, unmarried children under 21, children over 21 who are completely incapacitated, parents who are completely incapacitated and former spouses have pension rights. References to "parents" and "children" include kinship relationships between parents and children both in and out of wedlock and by adoption.

215. To be granted the right to a pension, children under 21 must provide evidence that they were economically dependent on the scheme member or that their incomes are insufficient.

216. Former spouses must prove that they were in receipt of alimony from the former spouse as ordered or approved by a court. Adoptive children and parents must prove that they formed a common household with the scheme member, lived together in his or her domicile and were legally and economically a family unit for at least five years before the vesting day of the pension rights. Widows, widowers and former spouses under age 30 on the date of the scheme member's death receive two years' pension. If they are between 30 and 40, pension is paid for five years. If the beneficiary is completely incapacitated or if the family includes single children over 21 who are incapacitated, no time limit is imposed on pension payments. Where the beneficiary is the widow, widower or former spouse of a scheme member and is between 30 and 40 years of age, the pension is paid until any children under 21 in the nuclear family unit reach the age of majority.

217. Pension allowances are as follows:

(a) Widows or former spouses of the scheme member, where there are children in the nuclear family unit, children who are not part of the nuclear family unit or parents of the scheme member, receive 75 per cent of the base pension;

(b) The widow or widower of the scheme member receives 66 per cent of the base pension, as do the children of the scheme member in the absence of a widow or widower;

(c) Where there are both children and parents of the scheme member, 66 per cent of the base pension is paid;

(d) Where there are only former spouses or parents of the scheme member, 50 per cent of the basic pension is paid;

(e) Where there is a widow or widower and also a former spouse, and there is no nuclear family unit, 66 per cent of the base sum is paid. If only one or the other has a nuclear family, the 9 per cent difference is allocated to that party.

218. The base pension is determined as follows: when the scheme member was actively employed on the date of death, the base pension is the amount he or she would have received on retirement. The minimum benefit is at least the amount payable in the event of complete incapacity. When the scheme member dies after retirement or while in receipt of transitional partial disability benefits, the amount of the base pension is determined by the latest pension or benefit calculation.

*Dismissal of pregnant women*

219. To protect pregnant women workers against dismissal, Act No. 11,577 of 1 October 1950 prohibits dismissal and, in the event that dismissal is proven, an additional six months' salary becomes payable as compensation (double indemnity).

*Maternity leave*

220. As stated in the initial report, Uruguay has laws dating back to the turn of the century that guarantee the exercise and enjoyment of economic, social and cultural rights. The general rule, which was established in 1937, guarantees 13 weeks of maternity leave.

*Eliminating inequality*

221. Decree No. 28/92 of 23 January 1992 ruled that women in the military would be granted maternity leave. Under the terms of the Decree, any military employee who is pregnant, by presenting a medical certificate stating the anticipated date of childbirth, is entitled to maternity leave. Maternity leave lasts 13 weeks, and the woman must stop all work a week before the birth and not return to work until 12 weeks afterwards. Also, she may bring the starting date of her maternity leave forward to up to six weeks before the anticipated date of the birth. When birth takes place after the anticipated date, any maternity leave already taken is extended until the actual date of birth and the amount of obligatory post-partum leave may not be reduced. In the event of illness connected with the birth, she has the right to an extension of post-partum leave, where duration may be determined by the Armed Forces Health Service or by any other medical institution providing her with care. After using up their maternity leave, mothers in the military who are breast-feeding

their children may request a reduction in their working hours to half time for as long as the child needs breast-feeding.

222. The rule in question expressly repealed the provisions of Decree No. 123/84 of 28 March 1984, which discriminated against women in the military by giving them only 12 weeks' pre- and post-natal maternity leave.

223. The basis for the current provision is that maternity is a fact of life which affects all women whatever job they do, and therefore women in the military should have the same rights as other working women.

*Women and violence*

224. Please see paragraph 111 onwards.

*State social support services for working women*

225. The care, education and guidance of children is a parent's right and duty. Without prejudice to that right, society should cooperate with parents in fulfilling this role so that children can exercise their rights in full.

226. Concerning guidance and orientation for parents and others with minors under their care and control, the State, through the National Institute for Minors, is cooperating with parents for the material, intellectual and moral betterment of children. This is the Institute's specific mission pursuant to the law whereby it was set up in 1988. Cooperation between the Institute and parents is reflected in the provision of services that are distinctive in their scope and kind. The Institute has established day-care centres, enabling working parents to draw on significant State assistance at no cost to them while meeting their children's needs for attention and care when they are not there.

227. Multidisciplinary technical teams at various levels of intervention look after children's interests and protect them from the dangers of abuse and physical or moral neglect. In the health field, services are provided at national level through agreements with public and private institutions. In the capital, the Health Division of the Ministry of Public Health runs polyclinics and outpatient paediatric clinics that are open to all. In the interior, the administrative seat of each department has a doctor, a psychologist and a dentist to provide primary health care. In this respect, we must draw attention to the work of non-governmental organizations that provide assistance to minors and their parents. Their location in out-of-the-way places and the way they work hand-in-hand with the health-care workers there is forging stronger links, which is all to the good of the objectives in view.

*The National Institute for Minors strategy and methods for assisting children*

228. On 20 July 1996, 20,131 children were receiving National Institute for Minors assistance.

| | *Care in the community* | *Boarded out* | *Day care* | *Placement with families* | *Total* |
|---|---|---|---|---|---|
| Montevideo | 1 077 | 1 933 | 4 979 | 565 | 8 554 |
| Interior | 0 | 1 439 | 9 380 | 758 | 11 577 |

229. The infrastructure available to provide these services includes 750 official and 247 other establishments.

230. Another of the decisions helping to improve the status of women, and female heads of household with children most especially, focuses on educational reform. The education reform of 1996 includes the following objectives and proposals:

- Making primary education universal, it being understood that this is the most important stage in the development of human abilities and in light of the strategic value of primary education as a response to the problems of poverty and the significant increase in the rate of the economic activity rate for women, and as an overall social policy in view of the significant number of single-parent households where the level of education is low.
- Promoting the importance of full-time schooling to offset the negative impacts of highly concentrated poverty. In the Uruguayan context, public schools play a very important socializing role, and education should have a front-line responsibility in this regard.
- Responding to the continuing and quickening process of technological restructuring, which is forcing schools to change presentations and proposals that are now outdated.

231. To summarize, the aims of the reform are to consolidate social equity by, first, increasing school coverage for five-year-olds throughout the country, in urban and in rural areas, to 95 per cent; second, increasing coverage for four-year-olds in Montevideo to 93 per cent; third, increasing coverage for four-year-olds in interior urban areas to 67 per cent; fourth, extending school hours for 67 per cent of deprived five-year-olds throughout the country; fifth, extending school hours, throughout the country, for 67 per cent of deprived four-year-olds from households where basic needs are not being met; sixth, providing lunch and an afternoon snack for pupils at schools in areas with a high concentration of households where basic needs are not being met; seventh, increasing the nutritional value of the lunch to 750 calories in all schools in areas where the situation is extremely critical; and eighth, providing post-school educational assistance to 35 per cent of young people in rural areas.

*Article 12*
*Women and health*

*Life expectancy at birth*

232. In 1997 the average life expectancy at birth of Uruguayans of both sexes was 72 years (men, 69, and women, 75). These figures, together with the fact that the average annual growth rate of the population is 5.83 per cent, would indicate that Uruguay is experiencing a process of demographic ageing by which children are becoming a scarce human resource.

233. The elderly population of 65 or over represents 11 per cent of the country's total population, or 330,000 people. The elderly account for 33 per cent of the country's total female population and 10 per cent of the total male population. Ninety-eight per cent of the elderly population live in urban areas. Eighty-six per cent of the elderly receive a monetary income, while 14 per cent (45,193 people) are dependent on others for their subsistence. However, 89 per cent of the latter are

concentrated in urban areas. The condition of ageing adults is critical in rural areas, where 34 per cent of them live in poor households.

| *Demographic indicators* | *1996* |
|---|---|
| Life expectancy at birth | 72 (both sexes) |
| Fertility rate | 2 per cent |
| Birth rate | 17.8 per cent |
| Death rate | 10.3 per cent |
| Average age of population | 30.8 |
| Annual growth rate | 5.83 per cent |

*Means of delivery of health care*

234. In Uruguay, health care is delivered through two main sources, the Ministry of Public Health and group health care organizations. These latter are private organizations offering health services under a system of pre-paid insurance. According to the official statistics prepared by the National Statistical Institute, 88 per cent of the population are covered and only 12 per cent have no formal connection with the health system.

235. The Ministry of Public Health is the chief health service provider in the interior (urban and rural), while it is less important in Montevideo (the country's capital), where only 14.9 per cent of the population receive care through Ministry of Public Health units.

*Public health care*

236. At the primary care level, there are two kinds of establishments: polyclinics and health centres. Both provide local health services, covering a population which is no more than one hour away. The second level of care consists of hospitals which cover certain zones and serve a population within a distance of no more than two hours. The third level of care is made up of hospitals with sophisticated equipment and highly specialized medical personnel. In general, their coverage is departmental, and they serve a population which is no more than six hours away. The fourth level of care is that restricted to complex pathologies. Because of their nature, these establishments are considered national in coverage.

237. The Ministry of Public Health, which provides free treatment, care and drugs, maintains 61 hospitals throughout the country, 12 of which are specialized, 18 health centres, 25 health subcentres and 191 polyclinics (10 in Montevideo and 181 in the interior, usually in rural areas).

*Health care delivery system in Uruguay*

238. The organizations through which health care is delivered can be divided into two categories: public and private. The public sector consists of the following:

(1) The State Health Services Administration, which provides health care services through hospitals, specialized institutions, health centres and neighbourhood polyclinics. In the interior the services are delivered through

hospitals located in each departmental capital, health centres, auxiliary centres and polyclinics.

(2) The Clinics Hospital, which provides health care in its role as a teaching hospital. It is the largest hospital in the country, with a total of 664 beds. It provides medical, surgical, paediatric, obstetrical and gynaecological services.

(3) The Social Security Bank, which is responsible for the payment of costs relating to social security (maternity, child, old age, death). Since 1943 a Family Allowances service has been in existence. It provides mother and child health services, basically preventive, which include hospital delivery services for working women and the wives of working men. The service is provided in a sanatorium with 59 obstetrical beds and 44 paediatric beds. There are also five maternal and child centres providing supervisory care for neonatal to school age children. In 1975, a Social Security Office for Illness was established. It is a mechanism through which medical assistance for working people is provided in a private group institution freely chosen by the worker.

(4) National Institute for Minors (INAME): the Health Division of INAME, which includes specialized departments providing health care for children in the interior.

239. There are two kinds of private institution in the private subsector:

(1) The private group health care organizations and private medical establishments, with which 994,734 people were affiliated in 1991. In the interior of the country, the private organizations are linked together in the Medical Federation of the Interior. In 1991, there were 25 such organizations with 497,004 members in the interior.

(2) The Highly Specialized Medical Institutes, which were established by the Ministry of Public Health for the treatment of illness by highly specialized and expensive medical procedures through contributions by the State and the members of the group health care organizations.

240. The health delivery map for Uruguay serves to confirm that only 2 per cent of the population is without any kind of formal coverage.

*Statistics*

**Distribution of urban population aged 14 and over, by kind of health coverage and level of education, 1995**

| *Level of education* | *Without* | *Group health care organizations* | *Ministry of Public Health* | *Other public* | *Other private* |
|---|---|---|---|---|---|
| Total | 6.6 | 60.0 | 24.8 | 6.8 | 1.8 |
| No schooling | 5.7 | 33.6 | 54.8 | 3.4 | 2.5 |
| Incomplete primary | 6.3 | 47.2 | 38.0 | 6.4 | 2.1 |
| Complete primary | 6.2 | 57.1 | 27.8 | 7.2 | 1.7 |
| Incomplete secondary | 8.8 | 53.1 | 26.9 | 9.0 | 2.2 |
| Complete secondary | 6.2 | 72.5 | 13.1 | 6.7 | 1.5 |
| Trade College of Uruguay (UTU) | 7.7 | 64.0 | 19.5 | 5.9 | 2.9 |
| Teacher training | 5.7 | 81.4 | 8.3 | 3.4 | 1.2 |
| University | 7.8 | 60.2 | 23.6 | 6.9 | 1.5 |
| Other | 4.7 | 81.5 | 7.6 | 4.4 | 1.8 |
| | 4.5 | 85.5 | 4.1 | 4.4 | 1.5 |
| | 4.4 | 41.9 | 8.5 | 44.4 | 0.8 |

**Health education: the health problems of women**

*The primary health care (PHC) strategy*

241. In Uruguay, implementation of the PHC strategy has meant the harmonization of various lines of action, chiefly with respect to the reorientation of health workers, intersectoral coordination and health education.

*Health education*

242. In the 1991 curriculum for secondary education, the hygiene course was replaced by "health education". This meant a deep change of conceptual framework in which the student adopts a central and active role. The programme seeks chiefly to develop problem-solving skills in the student, strengthening cognitive and emotional understanding of the subjects dealt with.

243. The effectiveness of the health teaching method was put to the test when there was an epidemiological risk of cholera. In various parts of the rural interior, secondary school students tried to establish channels of communication with the community by means of parades, street troupes and leaflets providing information on the steps to be taken to prevent the disease and its transmission. The heightened awareness of the population made it possible to prevent the entry of the disease into the country, and Uruguay became the only country in Latin America free of cholera.

244. In the rural areas, the Faculty of Medicine, through its Community Teaching Programme, is carrying out a programme of inter-agency coordination with municipal organizations and the departmental centres of the Ministry of Health in which students serve internships in health centres and help in various outreach activities by participating in medical rounds in neighbourhood polyclinics.

*Physical health*

245. In Uruguay, the third stage of the demographic transition has taken place; meanwhile, an epidemiological transition has also taken place. During this phase, the greatest changes in health and illness patterns occurred among children and young women, probably because of the relatively high susceptibility of these groups to infectious diseases and deficiencies in general.

246. Uruguay's total mortality rate has remained unchanged over the last decade. According to the latest statistics available, in 1996, the total mortality rate was 9.8 per thousand inhabitants. The main cause of death is circulatory disease, which accounts for 38.7 per cent of the deaths.

247. In the maternal and child health field, the rate of maternal mortality fell from 5.1 per 10,000 births in 1980 to 1.6 per 10,000 in 1996, following a downward trend similar to that of child mortality. In 1996, there were only nine maternal deaths. This is attributable to the increased demand for prenatal supervision and the greater efficiency and effectiveness of the Ministry of Public Health's outreach health services, so that 65 per cent of all recorded pregnancies are now supervised.

248. At the same time, there has been a continued decline in the rates of infant mortality, owing to an improvement of the instruments for the measurement of mortality and implementation of the use of the medical birth certificate and perinatal death certificate in accordance with the guidelines of the World Health Organization.

249. Over the 1986-1996 period, there has been a reduction of 14.8 (44 per cent) in the infant mortality rate for the country as a whole. An analysis of the main causes of death for children between the ages of 1 and 14 shows that in the group aged 1 to 4 accidents, congenital anomalies and cancer account for 46.5 per cent of the total deaths. These three causes accounted for 60 per cent of the total deaths in the 5 to 9-year-old age group. In the adolescent group the greatest problems were pregnancy and addiction.

250. During 1996 there were 383 deaths in the 15 to 24-year-old age group, 258 of them male and 125 female, with an increase in male mortality attributable to traffic accidents and suicides.

251. Based on the conclusions it has reached on health matters, the Government has redesigned its health policy after having identified 12 priority problems. There are now programmes on:

1. Disability and death caused by traffic accidents;
2. Cardiovascular disease;
3. Living conditions of the mentally ill;
4. Drug habits and addictions;
5. Poorly monitored pregnancies and deliveries;
6. Sexually transmitted diseases;
7. Breast cancer and lung cancer;
8. Loss of dentures;
9. Watercourse contamination;

10. Social isolation, malnutrition and accidents of the elderly;

11. Chagas' disease; and

12. Hydatidosis.

*Tacuarembó project. Health in rural areas*

252. The Ministry of Public Health made it its goal to extend health care coverage by following a primary health care strategy, the aim being universal coverage through better access by individuals and communities to health services, in a geographical, cultural, practical and economic sense.

253. Activities under the Tacuarembó project were directed towards:

- Training primary health care personnel;
- Community participation in the planning, organization and provision of primary health care;
- Inter-sectoral coordination;
- Inter-agency coordination of services at the first level of health care;
- Coordination of teaching assistance;
- International cooperation with the participation of the German Agency for Technical Cooperation (GTZ).

254. The project, entitled "Strengthening primary health care in the Department of Tacuarembó", successfully reduced the rate of endemic infectious diseases and certain chronic diseases. The coordination within the sector was especially strong because of the active participation of the main local health care agencies. For instance, the project's regional and departmental offices, the Tacuarembó municipal administration and the local medical association, COMTA, joined efforts to take advantage of the limited resources available, making them available to everyone. The participation of the communities, entailing considerable personal involvement, was ensured by properly training rural auxiliary nurses, who settled in small villages in the Department and became powerful proponents of health care information with a wide village outreach. Similarly, the Faculty of Medicine offered a productive combination of teaching and assistance in the training of human health care resources.

*Government expenditure on health*

255. The breakdown of expenditures varied during the period and kept pace with developments. Government expenditure on health doubled during the first democratic administration (1985-1989). The Ministry of Public Health accounted for over 40 per cent of the expenditure during that period, although it fell from 44.3 per cent to 41.6 per cent in 1989.

256. Total health expenditures amounted to about 8 per cent of the gross domestic product (GDP). Uruguay, with $255 per capita spent on health, ranks second among the countries of the Southern Common Market (MERCOSUR).

257. In 1982, 50 per cent of the lowest-income population received 73 per cent of the health care benefits (of which 34 per cent went to the poorest 5 per cent within

that group) but only 25 per cent of government expenditure on health. In 1994, the poorest half of the population received 66 per cent of health benefits and 47 per cent of the total government expenditure on health. In the redistribution of income in Uruguay, health expenditure is second only to expenditure on food.

*Health indicators*

*Overall figures for the national infant mortality rate*

258. Since 1961, the greatest downward trend in infant mortality occurred between 1982 and 1993, during which period the decline of 14.8 deaths per thousand births represented a 44-per-cent reduction of the infant mortality rate in the country as a whole. In addition, there was a tendency for the figures, whether reported by the public or the private health sector, to converge within a range of 20 to 30 per thousand.

259. In the early 1980s, the mortality rate in the public health sector was four times higher than in the private sector (51 per thousand as against 13 per thousand). The 1990s saw a 57-per-cent decline in the public health sector rate while in the private sector there was only a 9-per-cent reduction, so that the comparative gap between public health care and private health care was considerably narrowed.

260. Birth traumas and post-natal illnesses in conjunction with other perinatal problems and prematurity accounted for 19.3 deaths per thousand in 1979, 13 per thousand in 1983 and 9.18 per thousand in 1993, while congenital anomalies produced very similar rates (3.87 per thousand, 4.19 per thousand and 3.32 per thousand, respectively).

261. It is important to note that there has been a sharp drop in infant deaths caused by intestinal infections and malnutrition, from 6.06 per thousand in 1979 to 2.88 per thousand in 1989 and 0.96 per thousand in 1993. Unlike the death rate due to diarrhoea, mortality figures for respiratory infections have remained stationary: 1.95 per thousand in 1979, 1.48 per thousand in 1983 and 1.48 per thousand in 1993. The mortality rate is higher for male infants than for female infants. A comparison of the annually reported deaths of children under age one, by the mothers' place of residence, and the proportion of needy households, by department, shows that there is a very close relationship between the two indicators.

262. The Government's refocusing of its social policies is actually managing to reverse this situation. The comparative share of public expenditure allocated to mothers and children rose from $226 million in 1983 to $331.7 million in 1989. In 1990, a pregnancy and birth monitoring programme was established to work in conjunction with the Customs Department early-detection programmes for the monitoring of children's health, and it included home visits to the newborn. Since 1990, the perinatal data system developed by the Latin American Centre for Perinatology and Human Development and the Pan American Health Organization (PAHO) has been applied nationally in the public and private sectors, and it has served as the pivot for organizing health care, training human resources and local planning and assessment of the basic activities.

263. The Government's mother and child health programme concentrates on zones where poverty prevails.

**Infant mortality rate**

| *Quinquennium* | *Total* | *Neonatal* | *Post-neonatal* |
|---|---|---|---|
| 1970-1974 | 49.32 | 26.72 | 22.60 |
| 1975-1979 | 45.27 | 25.43 | 19.84 |
| 1980-1984 | 31.91 | 19.26 | 12.65 |
| 1985-1989 | 24.56 | 14.52 | 10.14 |
| 1996 | 18.90 | 12.50 | 6.40 |

264. The levels of infant mortality are inversely proportional to the mothers' level of education, and that ratio holds steady over time. Moreover, the infant mortality rates where the mothers live in a common-law union or are single are almost twice those where the mothers are married.

**Average infant mortality rate, by area and mothers' level of education**

| *Level* | *Total* | *Urban area* | *Rural area* | *Montevideo* |
|---|---|---|---|---|
| **No education** | | | | |
| 1961-1971 | 77.8 | 80.2 | 65.6 | 76.1 |
| 1982-1992 | 62.4 | 72.4 | 59.7 | 61.0 |
| **Primary education** | | | | |
| 1961-1971 | 40.7 | 41.2 | 39.6 | 37.3 |
| 1982-1992 | 38.8 | 39.8 | 36.5 | 27.1 |
| **Secondary and higher education** | | | | |
| 1961-1971 | 29.2 | 28.4 | 30.5 | 27.5 |
| 1982-1992 | 28.7 | 28.0 | 29.2 | 27.1 |

**Average infant mortality rate by mothers' marital status**

| *Place of residence* | *Married* | *Common-law union* | *Widowed or separated* | *Single* |
|---|---|---|---|---|
| Urban area | 34.4 | 57.9 | 43.1 | 52.1 |
| Rural area | 34.5 | 61.3 | 52.9 | 53.2 |
| Montevideo | 34.0 | 58.0 | 41.6 | 49.3 |
| **Total** | **34.4** | **58.8** | **43.8** | **52.4** |

**Average number of children born, by mothers' age bracket, level of education and socio-occupational stratum**

| | *Mothers' age bracket* | | | | | | |
|---|---|---|---|---|---|---|---|
| | *15 years* | *15-17* | *18-19* | *20-21* | *22-24* | *25-29* | *Total* |
| *Level of education* | | | | | | | |
| No education or incomplete primary education | 1.1 | 1.7 | 2.5 | 3.5 | 3.6 | 3.6 | 3.3 |
| Completed primary education | 0.6 | 1.3 | 2 | 2.5 | 2.9 | 2.7 | 2.3 |
| High school education | 0.4 | 0.8 | 1.5 | 2 | 2.3 | 2.4 | 1.8 |
| Higher education | 0 | 0.3 | 0.9 | 1.7 | 2 | 2.1 | 1.5 |
| **Total** | **0.6** | **0.9** | **1.7** | **2.3** | **2.7** | **2.8** | **2.2** |
| *Socio-occupational stratum* | | | | | | | |
| High | * | 0.5 | 1.3 | 1.9 | 2.3 | 2.4 | 1.9 |
| Middle | 0.5 | 1 | 1.5 | 2 | 2.3 | 2.7 | 1.9 |
| Low | 0.6 | 1 | 1.8 | 2.6 | 3 | 3 | 2.4 |

* Less than 20 cases recorded.

*Immunization of children*

265. The Expanded Programme on Immunization (EPI) operates in our country, under Decree Law No. 15,272 of 4 May 1982. This law established the State's obligation to administer vaccines to the population against the following diseases: diphtheria, mumps, pertussis, poliomyelitis, German measles, measles, tetanus and tuberculosis.

266. To the eight diseases covered by EPI were added, in 1994, meningoencephalitis and purulent meningitis, which occur frequently in small children. Parents are required to present vaccination certificates on the following occasions:

(a) When receiving the family allowance for children under six;

(b) At the start of every course of study in public education;

(c) To obtain or renew identification cards;

(d) To obtain any kind of health record; and

(e) To obtain or renew the Ministry of Public Health health care record.

267. A broad network of immunization posts in urban and rural areas, mobile posts and non-permanent posts circulating from school to school ensure that immunizations will be geographically accessible. Economic accessibility is ensured by making the immunization services completely free of charge, and the immunization records are kept under the strict supervision of the Ministry of Public Health.

*Results of the Expanded Programme on Immunization (EPI)*

268. Coverages (percentages of children vaccinated) have been high over the last seven years, in fact among the highest in the world at 99 per cent, 91 per cent and 86 per cent for BCG (bacillus Calmette-Guerin), DPT (diphtheria/pertussis/tetanus) and MMR (measles/mumps/rubella).

269. As a result of this policy, since 1989 Uruguay has had no recorded cases of neonatal polio, diphtheria or tetanus.

*International cooperation*

270. In 1992, the first cooperative project between Uruguay and the United Nations Children's Fund (UNICEF) dedicated to promoting social policies, child development and maternal and child health was signed.

271. The financial support provided by UNICEF is equivalent to about $3 million.

272. The overall objective of the project has been to improve living conditions and well-being for poor families by strengthening the institutional and non-governmental response in the areas of health, nutrition, education and social advancement.

273. Another of the project's objectives was to expand primary health and food supplement programme coverage.

274. The positive assessment by UNICEF of the implementation and the levels of commitment undertaken by the State in improving childhood indicators enabled the programme to be renewed for the period 1997-2001, in the sum of $6 million.

275. For this second project, the targets are to provide support for the country in improving the quality of social services for children; to raise awareness in Uruguayan society of children's rights by dissemination and publicity; to bring national legislation into line with Uruguay's international commitments on ratification of the Convention on the Rights of the Child; and to promote gender equality.

*Availability of drinking water*

276. The eight-year statistical trend, and even more so the 1986-1996 trend, shows that the proportion of households without drinking water has been drastically reduced in the towns of the interior, from 14.3 per cent to 1.3 per cent. In Montevideo, the figures went from 5.6 per cent in 1984 to 0.1 per cent in 1994. The average number of new drinking water supply hookups between 1985 and 1995 was 21,606 (9,966 for Montevideo and 11,640 for the urban interior).

*Sources of water*

277. Although only the water provided through the public water supply system is certain to be safe for drinking, since it is under the responsibility of the relevant State agency (State Sanitation Works), the incidence of disease related to the consumption of unsuitable water is low or non-existent. In the case of water which is not obtained from the public supply system, the responsibility for ensuring that it is safe for drinking rests with the individual.

**Origin of water used for drinking and cooking**

| Origin | Nationwide total | | Urban areas | | Rural areas | |
|---|---|---|---|---|---|---|
| | % distr | % ac | % distr | % ac | % distr | % ac |
| Public water supply system | 86.6 | 86.6 | 93.7 | 93.7 | 13.7 | 13.7 |
| Springs | 9.7 | 96.3 | 4.7 | 98.4 | 61.2 | 74.9 |
| Cisterns, wells | 2.6 | 98.9 | 0.8 | 99.2 | 21.6 | 96.5 |
| Other | 1.1 | 100 | 0.8 | 100 | 3.5 | 100 |
| **Total** | **100** | | **100** | | **100** | |

*Source*: Seventh general population census, third household survey and fifth housing survey, 1996.

*Note*: The calculations of the percentages excludes cases in which the origin of the water was not specified; these account for 0.8 per cent of the population. In 1985, according to statistics from the National Population and Housing Census, "rural" Uruguay consisted of a total of 39,844 households.

*Sewage disposal*

278. The sewage disposal problems affecting needy households were considerably reduced over the 1986-1996 period, to 0.1 per cent for Montevideo and 3 per cent for urban areas in the hinterland. The reduction in Montevideo can be attributed to the implementation between 1990 and 1995 of large-scale capital works financed by the Montevideo City Council under Sanitation Plans I, II and III, with financial assistance from the Inter-American Development Bank (IDB).

*State policies towards the older adult*

279. In 1990, the Ministry of Public Health set up the Priority Programme for the Care of the Older Adult, with the accent on studying and assessing the various kinds of public and private arrangements for the elderly. The purpose of the programme is to improve quality of life for adults over 65.

280. The objectives of the programme are as follows:

- To tailor health services for the older adult by establishing a clinical history and a referral network and by legislating for and regulating the system of homes for the elderly;
- To provide incentives for improving the psychosocial and familial conditions for older adults by systematizing economic assistance for relatives who have an elderly person with no income living with the family, and helping to find work and activities for people in this age group within their abilities;
- To develop training for people associated with the older adult by training health professionals and community outreach personnel in the specific field of the psychosocial care of the elderly.

281. The main causes of death within the age group are circulatory disease and cancer (64 per cent), followed by pneumonia and diabetes. The indicators show that Uruguayan society fits the traditional model of transition, with stagnant population growth, a predominance of adult age groups, a progressive increase in the number of

people over 60, low birth and death rates and chronic illnesses replacing infectious diseases as causes of death.

*Priority programmes to control teenage pregnancies*

282. The Ministry of Public Health, through the Childbirth Support and Monitoring Unit, has intensified its follow-up of teenage pregnancies. In Pereira Rossell Hospital, the largest paediatric hospital in the capital, a study produced the following results: 73 per cent of the age group, in- and out-patients, were 16 or 17 years old, with 6.6 per cent under 14. Of these young women, 61 per cent had completed primary education and 2 per cent, secondary education; for 92 per cent, it was their first child, for 7 per cent it was the second and for 1 per cent it was the third. Of the newborns, 54.5 per cent weighed between 3 and 4 kg, while 10.9 per cent weighed between 1.5 and 2.5 kg. The State has set its policy towards teenage pregnancies on the basis of an overall strategy that includes taking into account the psychological and social environment, more careful monitoring than for adults and continued counselling for the adolescent mother.

283. Foetal mortality in adolescents in the largest paediatric hospital in the country is 1.5 times the rate in adults. In the University Public Hospital, foetal mortality in 1995-1996 was 23 per thousand in adolescents, and 2 per thousand in adults.

284. The 0-14 age group, 785,000 in all, accounts for 27 per cent of the country's population. Nationally, 94 per cent of children have access to public or private health care. Uruguay has 125 hospitals, 113 general and 12 specialized.

285. There are 13,232 hospital beds, or 3.9 beds per 1,000 population.

*Adolescent health in figures*

**Live births to women under 20, by mother's marital status**

| | *Total live births* | *Percentage* |
|---|---|---|
| Non-marital union | 2 402 | 20.40 |
| Married | 6 510 | 55.30 |
| Divorced | 415 | 3.50 |
| Single | 2 455 | 20.80 |

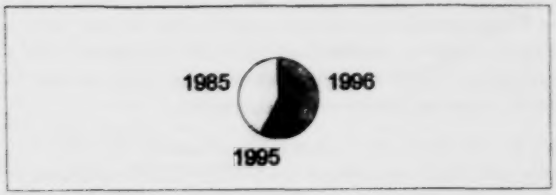
**Live births to adolescent mothers, by education and type of housing**

| | *Number of births* | *Percentage* |
|---|---|---|
| **Education** | | |
| None | 146 | 1.20 |
| Primary education not completed | 2 433 | 20.70 |
| Primary education completed | 4 733 | 40.20 |
| Secondary or higher | 4 449 | 37.80 |
| **Type of housing** | | |
| Substandard | 1 907 | 16.30 |
| Standard | 9 790 | 83.70 |

| | *Number of births* | *Percentage* |
|---|---|---|
| **Sewerage system** | | |
| Cesspit | 1 247 | 10.60 |
| Septic tank | 7 496 | 63.60 |
| Public sewerage | 3 039 | 25.80 |
| **Water supply** | | |
| Public mains | 5 742 | 48.70 |
| Interior | | |
| Exterior | 2 700 | 22.90 |
| Well | 2 130 | 18.10 |
| Other | 1 210 | 10.30 |

**Maternal mortality rate in adolescents**

| *Year* | *Deaths* | *Births* | *Rate per 10,000* |
|---|---|---|---|
| 1996 | 3 | 7 885 | 3.8 |
| 1995 | 1 | 7 308 | 1.4 |
| 1985 | 3 | 6 588 | 3 |




*The more deprived sectors*

286. Despite Uruguay's small size and sparse population, there are considerable differences between living standards in its various regions. According to National Statistical Institute data, the four administrative departments with the highest proportions of deprived households are Rivera, Cerro Largo, Tacuarembó and Salto.

287. In public health matters, State policy gives preference to these regions. We have already referred to the Tacuarembó project as a successful primary health-care effort.

*International cooperation*

288. International cooperation has given a major boost to the new priorities in public health. The support of bodies such as World Health Organization (WHO), Pan American Health Organization (PAHO), UNICEF and the German Agency for Technical Cooperation (GTZ) has made possible the significant progress that has been seen in the health indicator trends for deprived groups.

*Implementation of the Sexually Transmitted Disease (STD)/AIDS Programme*

289. Between 1983 and 6 May 1994, there were 1,441 cases of human immunodeficiency virus (HIV) infection, 75 per cent (1,072) men and 25 per cent (369) women.

290. The age group 15 to 44 is the most affected by HIV, with a peak incidence between 20 and 24.

291. In Uruguay, sexual transmission of HIV predominates, causing 67.9 per cent of cases; within those cases, heterosexual transmission (28.5 per cent) is the prevalent mode, followed by bisexual behaviour (13.3 per cent).

292. In 1983, the year in which AIDS appeared in the country, the Ministry of Public Health set up a working group on the problem. In 1984, the working group laid down regulations concerning the clinical, diagnostic, therapeutic and epidemiological-control aspects. One year later, the AIDS Advisory Commission was established within the Ministry.

293. Since then, that Commission has been succeeded by others, the one most recently set up, by a 1993 presidential decree, being the National AIDS Commission (CONASIDA), comprised of representatives of ministries, public and private institutions, non-governmental organizations and the media. The Commission's objectives are to raise funds and to coordinate and propose activities.

294. The STD/AIDS Programme is national in scope and aims to prevent and control all such diseases. The Programme's headquarters are in the capital, with a coordinator and a multisectoral support committee in each of the nation's departments. Since its inception in 1987, the Programme has been active in education, prevention, monitoring, administration and coordination.

295. The variety of activities has fostered an intersectoral coordination that has been a milestone in the country, and this has enabled the STD/AIDS Programme to switch from the role of executor of activities to that of main coordinator.

296. Foremost among these activities are:

- Integration of sexual education into the school curriculum;
- Active and passive epidemiological monitoring, mandatory analysis of all blood and blood products prior to use;
- Technical and/or financial interaction with non-governmental organizations in community work;
- An over 50-per-cent increase in the sale of contraceptives, a 360-per-cent expansion of the "hot line", and a 530-per-cent increase in medical visits, in the course of one year.

297. Since 1988, the WHO Global Programme on AIDS has through the Uruguay office of PAHO been providing extremely important technical cooperation enabling four lines of action to be developed and maintained under this programme:

(1) Emergency plan;

(2) Transitional plan;

(3) First medium-term programme;

(4) Second medium-term programme.

298. The Government contributes US$ 110,000 annually to the AIDS programme for administration of those plans.

*Priority breast cancer programme*

299. Breast cancer is the most common cancer in women, with a gross incidence of 112.6 per 100,000 women and an age-adjusted figure of 79.28 per 100,000 in 1995, or 37 per cent of all malignancies in women.

300. Breast cancer is the leading cause of cancer deaths among women, with a gross rate of 38.4 per 100,000 women and an age-adjusted rate of 26.82 in 1989, or 23 per cent of the total (National Cancer Register, 1991), making Uruguay first in the Americas for breast cancer deaths (PAHO, 1990) and eighth in the world.

301. The case-specific rate for Montevideo is one of the highest in the world at 44.8 per cent (National Cancer Register, 1991), with almost half of those with breast cancer dying annually, in contrast to the 1991 rate recorded for the United States of America of only 25.5 per cent (American Cancer Society).

302. Yet what is most alarming is that there is a steady rise in breast cancer mortality, which has doubled in the last 30 years in a demographically stable population. In 1960, for instance, 300 women died of breast cancer, while in 1990 almost 600 died, and if the necessary preventive measures are not taken, it is probable that 700 women will die in the year 2000 (National Cancer Register, 1991).

303. The age curve for the incidence of the disease follows a bimodal pattern typical in the West, peaking first around the age of 45 (pre-menopausal breast cancer), with a higher peak between the ages of 60 and 65 (National Cancer Register, 1989).

304. When the programme began in 1990, the strategy indicated below was followed, and a two-track screening system was set up: individual health booklets recording the results of mandatory prophylactic breast examinations were introduced nationwide; and breast cancer prevention units available for voluntary consultations were established in both public and private health centres, with uniform methods to be used in analysing the cases examined in order to standardize the treatment criteria.

305. In addition, a record-keeping system using special precoded forms was organized, with the information centralized in the administrative office of the programme, making it possible to evaluate the success of the programme periodically, to monitor the work of each of the screening centres and to conduct epidemiological research.

306. Lastly, two well-equipped reference centres were set up, one for persons screened through the health record booklet system and the other for persons screened through the prevention units, the aim being to amass reliable data for comparison with the data of other health centres, thus ensuring ongoing quality control. In addition, both reference centres offer training to doctors who wish to familiarize themselves with the subject.

307. From 1 July 1991, the starting date of the programme, to 30 June 1994, over 80,000 women were examined throughout Uruguay and their cases recorded in

conjunction with 158 screening centres working to prevent breast cancer in 63 cities or towns in all parts of the country. Over 500 doctors volunteered to work free-of-charge together with obstetricians, university nurses, auxiliary nurses, health educators and administrative personnel, which adds up to over 700 professionals involved in the programme.

*Strategy*

(a) *Control measures*

308. Of the various possible ways to bring breast cancer under control — primary prevention, early detection and improved treatment — the one that holds out the promise of rapidly reducing the deaths from breast cancer is early detection.

309. In the area of primary prevention, not much can be done for the moment because the cause of this cancer is unknown and most of the known risk factors cannot be controlled. Nevertheless, there are indications that a change in dietary habits and a promising preventive use of chemotherapy — still in the research stage — might reduce the incidence of breast cancer. However, given the biological nature of the disease, which remains latent for a number of years in a long subclinical state, the impact that reduced incidence would have on mortality would make itself felt only many years later and would therefore not solve the present critical problem.

(b) *Population at risk*

310. Those at risk are all Uruguayan women between the ages of 35 and 65, in both the public and the private health-care system, or about 520,000 women.

311. Under the age of 35, the incidence of breast cancer is not high enough to warrant including women in this age bracket in the national programme, since they represent barely 2 per cent of all cases. In the 35-to-40 age group, the incidence now stands at 79.9 per 1,000, which does justify their inclusion. (Figures taken from the National Cancer Register, 1991.)

(c) *Methods of detection*

312. The programme adheres to the following procedures within the time-frames indicated:

(1) Prophylactic breast examination by a doctor:

- Between the ages of 35 and 40: every three years;
- After the age of 40: annually;
- In the risk group: every six months after the age of 40.

(2) Self-examination of the breast:

On a monthly basis after the ages of 25 to 30, with instruction in the technique given by a doctor or health worker trained for the purpose and supported by written and audio-visual material provided by the programme.

(3) Bilateral mammography:

Annually after the age of 50 in the risk group.

(d) *Screening of the population*

313. In an early-detection, grass-roots-based programme such as this one, WHO believes that in order to make an impact on morbidity, at least 60 or 65 per cent of the women in the workforce must be screened. In the case of Uruguay, this means about 350,000 women between the ages of 35 and 65.

314. To meet that target, a two-track screening process is envisaged:

- Use of the health record booklet, mandatory for all women workers in the country regardless of the type of work they do, which can be obtained in all major cities from Ministry of Public Health offices or from municipal medical services, and which now includes a prophylactic breast examination as one of the required examinations (Presidential Decree No. 651/990 establishing the single mandatory basic health record booklet);
- Establishment of breast cancer prevention centres both under the Ministry of Public Health and in group health-care institutions and State agencies independent of the Ministry of Health that have their own medical services with attending specialists (gynaecologists, surgeons or oncologists) or general practitioners especially trained in the field at one of the programme's own reference centres.

(e) *Registration*

315. The data on all women examined as part of the programme are duly entered on precoded registration forms giving the screening centre, the date of the examination, the woman's name and age, her identification card number, the presence of any risk factors, the result of the prophylactic breast examination and the course of action proposed by the professional on duty, signed by the woman and countersigned by the professional and transmitted monthly to the programme's registration centre to be computerized after quality control of the entries.

(f) *Monitoring registered cases*

316. WHO recommends that tumours occurring in a population group covered by an early detection programme should be registered, in order to maximize the effectiveness of long-term monitoring and evaluate its results.

317. Since 1987 Uruguay has had a National Cancer Register with highly accurate information on mortality; this is to meet the legal requirement for a death certificate signed by a doctor, stating the cause of death.

*Abortion*

318. The right to life is enshrined in the Constitution of Uruguay, and non-therapeutic abortion is a criminal offence.

319. During 1994 the Bioethics Commission of the Chamber of Representatives prepared and approved a draft law to decriminalize voluntary abortion and to modify the existing system, whereby this procedure for interrupting pregnancy is punishable under criminal law.

320. This draft law seeks to secure the involvement of the State health services in ensuring higher standards of medical care, with due respect for conscientious objections on the part of doctors in charge of such cases.

321. The proposal has generated considerable controversy in the nation. This debate is expected to continue over the coming months, until the draft is rejected or adopted by the legislature as a whole.

322. As explained above, abortion at the woman's behest is treated in law as an offence; consequently there are no official statistics for the number of abortions in Uruguay.

323. The National Statistical Institute recently carried out a survey of the average number of pregnancies and foetal deaths involving spontaneous or induced abortion. The figures show that 97 per cent of the foetal deaths declared by the women interviewed, aged between 15 and 49, were defined as abortions, of which 34 per cent were described as induced (deliberate) abortions.

| | *Women in age groups* | | | | | |
|---|---|---|---|---|---|---|
| *Category* | *15-19* | *20-24* | *25-29* | *30-34* | *35-39* | *40-44* |
| No. of pregnancies | 0.61 | 1.02 | 1.86 | 2.59 | 3.13 | 3.28 |
| No. of foetal deaths | 0.05 | 0 09 | 0.22 | 0.31 | 0.46 | 0.52 |
| Abortions and | 6.20 | 6.60 | 8.00 | 8.00 | 10.10 | 10.60 |
| induced abortions | 1.90 | 2.00 | 3.30 | 3.50 | 4.00 | 4.60 |

*Source*: Women and fertility, Women in figures. National Statistical Institute, 1995.

*Article 13*

324. As explained above, since 1946, when the law on civil rights was adopted, women have had the same civil capacity as men.

325. This means that any woman, regardless of her civil status, has rights and obligations on a footing of complete equality with men.

326. She can therefore contract freely with third parties, independently of her father or husband, pledge security, mortgage property or borrow money from the country's banking or financial institutions.

327. A woman may, on her own behalf, enter into a contract of sale and dispose freely by any other means of her own property and of movables which belong to her by virtue of a matrimonial property regime.

328. A sale as between spouses who are not separated is a nullity. Likewise, immovables having asset value which have been acquired on behalf of the couple or of one of the spouses cannot be assigned or encumbered by rights *in rem* without the express consent of both spouses.

329. Women have capacity to bequeath and to inherit under a will. The Uruguayan Civil Code provides that males under 14 and females under 12 cannot make a testamentary disposition. From these ages they are free to make a will, even when still in parental custody.

330. In the event of succession without a will, women heirs inherit under the same conditions as men.

*Single mothers*

331. Under the law as it stands a woman who has a child without being married can make an act of recognition of the child before the Civil Register authorities. Recognition of the child gives him or her the legal status of a "natural child". Since the adoption of Act 15,462 on 16 September 1983, a child registered only by the mother will be given as a first surname a name chosen by lot and as a second surname the surname of the mother.

332. Since 1934 there has been a child protection agency, an official State body.[2]

333. The functions of the Council for the Child (now the National Institute for Minors) are defined in the Children's Code.

334. Articles 23 to 41 of the Code contain special provisions for neonatal protection, defined as:

> "the protection of the child before birth, understood in the widest modern sense, encompassing medical, social and moral aspects".

335. Protection and assistance for needy pregnant women is available in the polyclinics and other hospital services of the Ministry of Health.

336. As regards fatherhood, the Children's Code and other similar legislation make provision for a court procedure known as "investigation of paternity".

337. This institution is based on the principle that every child has a right to know the identity of his or her parents.

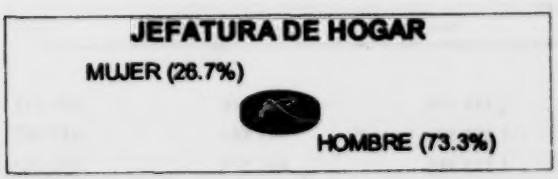
338. The investigation of paternity may be initiated by the mother at any time before the child reaches the age of 18, and is governed by the procedural law of the ordinary courts.

339. However, when it is a question of making orders for the payment of maintenance, there is a simplified, streamlined procedure. The presumptive father (the respondent) cannot defeat a paternity suit by relying on the mother's conduct.

340. The competent court will, for family reasons, set a maintenance figure according to the liable person's ability to pay and the needs of the recipient. Generally speaking, the precedents indicate a figure of between 25 and 45 per cent of the father's disposable income.

*Household composition. Female-headed households*

341. Twenty-six per cent of Uruguayan households are headed by women. Seventy-five per cent of single parent households are headed by a woman.




[2] From 1934 to 1988 it was the Council for the Child, becoming the National Institute for Minors in 1988 (Act 15,977 of 14 September 1988).

**Household distribution, by sex of head of household, and proportion of female heads per type of household**

| *Type of household* | *Men* | *Women* | *Total* |
|---|---|---|---|
| Total | 73.3 | 26.7 | 100.0 |
| Single person | 4.5 | 11.1 | 15.6 |
| Nuclear | 54.9 | 8.1 | 62.9 |
| Extended | 13.1 | 6.6 | 19.6 |
| Mixed | 1.0 | 0.9 | 1.9 |

342. Thirty-nine per cent of urban households headed by a woman consist of women living alone.

343. Twenty-eight per cent of the households headed by women are accounted for by single-parent households with a woman head and dependent children.

**Distribution of households, by sex of head of household, according to family type**

| *Type of household* | *Total* | *Male head* | *Female head* |
|---|---|---|---|
| Single-person | 15.6 | 6.1 | 41.7 |
| Couples without children | 17.3 | 22.9 | 1.8 |
| Couples with children | 37.0 | 50.1 | 1.0 |
| Household head with a child | 8.6 | 1.7 | 28.0 |
| Extended family with children | 8.6 | 11.5 | 0.7 |
| Extended family without children | 2.4 | 3.2 | 0.3 |
| Incomplete households with children | 4.1 | 1.0 | 12.4 |
| Incomplete households without children | 4.5 | 2.1 | 11.3 |
| Mixed households with children | 0.8 | 0.6 | 1.2 |
| Mixed households without children | 1.1 | 0.7 | 2.1 |
| **Total** | **100.0** | **100.0** | **100.0** |

*Article 14*
*Status of women in rural areas*

**Rural population**
**Estimates and projections — Economically active population (EAP), by sex and area**

| *Area/year* | *Total* | *Men* | *Women* |
|---|---|---|---|
| Total | | | |
| 1980 | 1 165 304 | 771 046 | 394 258 |
| 1985 | 1 286 521 | 798 841 | 487 707 |
| 1990 | 1 355 380 | 829 277 | 526 103 |
| 1995 | 1 422 876 | 867 241 | 555 635 |

| *Area/year* | *Total* | *Men* | *Women* |
|---|---|---|---|
| Urban | | | |
| 1980 | 972 013 | 613 499 | 358 514 |
| 1985 | 1 101 877 | 654 445 | 447 432 |
| 1990 | 1 179 887 | 693 787 | 486 100 |
| 1995 | 1 258 971 | 740 870 | 518 101 |
| Rural | | | |
| 1980 | 193 291 | 157 547 | 35 744 |
| 1985 | 184 644 | 144 369 | 40 275 |
| 1990 | 175 493 | 135 490 | 40 003 |
| 1995 | 163 905 | 126 371 | 37 534 |

*Source*: National Statistical Institute.

*Employment of rural women*

**Urban female population, by employment status (in thousands)**

| *Employment status* | *Total* | *Montevideo* | *Interior* |
|---|---|---|---|
| Total | 1 512 | 741 | 771 |
| Active | 555 | 300 | 254 |
| Employed | 488 | 264 | 223 |
| Unemployed | 67 | 36 | 31 |
| As such | 47 | 25 | 22 |
| First-time job seekers | 20 | 11 | 9 |
| Inactive | 665 | 312 | 352 |
| Students | 83 | 40 | 43 |
| Housewives | 210 | 94 | 115 |
| Retired pensioners | 316 | 151 | 164 |
| Financially independent | 6 | 4 | 2 |
| Other | 50 | 23 | 27 |
| Under 14 | 292 | 129 | 164 |

*Source*: National Statistical Institute, Continuing Household Survey, 1994.

**Distribution of EAP by area and sex according to level of education**

| Years of schooling | Total country | | Montevideo | | Interior Urban areas | |
|---|---|---|---|---|---|---|
| | Women | Men | Women | Men | Women | Men |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| None | 0.8 | 0.8 | 0.6 | 0.4 | 1.0 | 1.2 |
| Primary | 30.0 | 37.6 | 24.6 | 30.1 | 36.6 | 45.3 |
| Higher level | 49.6 | 50.9 | 50.0 | 53.1 | 49.2 | 48.5 |
| | 19.3 | 10.1 | 24.6 | 15.4 | 12.9 | 4.5 |

*Source*: National Statistical Institute, Continuing Household Survey, 1994.

*Women's contribution to production*

344. Half of the actively employed women in the country are found in the personal services sector.

345. In Montevideo, 26.5 per cent of women are involved in this sector, while in the interior, the percentage rises to 36.4 per cent.

**Percentage distribution of EAP, by area and sex, according to sector of activity**

| Sector | Total country | | Montevideo | | Interior Urban areas | |
|---|---|---|---|---|---|---|
| | Women | Men | Women | Men | Women | Men |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Manufacturing | 17.1 | 20.7 | 18.2 | 23.4 | 15.8 | 18.0 |
| Construction | 0.3 | 12.2 | 0.4 | 9.3 | 0.2 | 15.2 |
| Commerce | 19.0 | 19.1 | 17.5 | 20.2 | 20.7 | 18.0 |
| Transport/ communications | 2.0 | 8.5 | 2.1 | 9.8 | 1.9 | 7.1 |
| Banking, financial and business services | 5.4 | 5.7 | 7.2 | 7.9 | 3.1 | 3.4 |
| Social, personal and public services | 51.1 | 25.7 | 50.0 | 25.0 | 52.5 | 26.3 |
| Other | 5.1 | 8.1 | 4.6 | 4.3 | 5.6 | 12.0 |

*Source*: National Statistical Institute, Continuing Household Survey.

**Percentage distribution of EAP, by area and sex, according to type of occupation**

| *Type of occupation* | *Total country* | | *Montevideo* | | *Interior Urban areas* | |
|---|---|---|---|---|---|---|
| | *Women* | *Men* | *Women* | *Men* | *Women* | *Men* |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Professional and technical | 16.5 | 7.5 | 18.5 | 10.0 | 14.1 | 5.0 |
| Managers | 1.3 | 3.7 | 1.8 | 5.2 | 0.7 | 2.2 |
| Office workers | 17.6 | 11.5 | 21.7 | 14.3 | 12.6 | 8.6 |
| Shopkeepers | 15.3 | 12.6 | 14.2 | 13.5 | 16.7 | 11.6 |
| Drivers | 0.2 | 6.9 | 0.3 | 7.4 | 0.1 | 6.4 |
| Operators | 13.6 | 18.0 | 13.3 | 34.7 | 14.0 | 41.5 |
| Service workers | 30.4 | 9.2 | 25.6 | 8.7 | 36.4 | 9.6 |
| Other | 5.0 | 10.6 | 4.8 | 6.3 | 5.5 | 15.2 |

*Source*: National Statistical Institute. Continuing Household Survey.

*Women and land*

346. Fifty-three and four tenths per cent of women in rural areas are between the ages of 35 and 64 and are members of the landholding family. The majority of women farm workers own the land they farm.

**Working female population by age group and ownership of farm operation (in thousands)**

| *Age* | *Working on family farm* | *Producer* | *Personal* |
|---|---|---|---|
| Under 14 | 4.3 | 1.1 | 0.2 |
| 13 to 34 | 10.9 | 7.8 | 3.1 |
| 35 to 64 | 15.6 | 13.0 | 2.6 |
| 65 and over | 1.4 | 1.4 | 0.0 |

*Source*: Agricultural Census.

**Number of women working in agricultural operations, by type of landholding**

| *Landholding* | *Number of women* |
|---|---|
| Total | 29.2 |
| Owners | 16.9 |
| Leaseholders | 4.5 |
| Tenant farmers | 0.2 |
| Squatters | 1.3 |
| Other | 6.4 |

*Source*: Agricultural Census.

*Rural women and health care*

347. As noted in paragraph 234, the system for providing health care is divided into two main branches: on the one hand, the State public health services, and on the other, group health-care organizations.

348. There are 34 such institutions in the interior out of the total of 53 in both urban and rural areas throughout the country.

**Socio-demographic characteristics and proportion of the population using group health-care organizations, by department**

| *Department* | *Total population* | *Per cent population with NBI* | *Per cent population community services* |
|---|---|---|---|
| Artigas | 69 145 | 44.2 | 29.42 |
| Canelones | 364 248 | 31.5 | 23.27 |
| Cerro Largo | 78 416 | 43.7 | 26.90 |
| Colonia | 112 717 | 25.2 | 41.84 |
| Durazno | 55 077 | 36.7 | 29.12 |
| Flores | 24 739 | 28.5 | 36.78 |
| Florida | 66 474 | 30.7 | 36.70 |
| Lavalleja | 61 466 | 30.9 | 39.64 |
| Maldonado | 94 314 | 27.0 | 57.68 |
| Montevideo | 1 311 976 | 19.0 | 75.82 |
| Paysandú | 103 763 | 34.4 | 35.05 |
| Rio Negro | 48 644 | 34.1 | 20.68 |
| Rivera | 89 475 | 46.2 | 23.65 |
| Rocha | 66 601 | 35.3 | 32.14 |
| Salto | 108 487 | 38.7 | 36.54 |
| San José | 89 893 | 35.1 | 24.39 |
| Soriano | 79 439 | 31.5 | 35.91 |
| Tacuarembó | 83 498 | 42.0 | 32.91 |
| Treinta y Tres | 46 869 | 37.2 | 33.19 |
| **Total** | **2 955 241** | **34.36** | **51.38** |

*Source*: Office of Statistics and Census.
Ministry of Public Health, Division of Tax Identification.
Ministry of Public Health, SINADI.

**Population distribution by type of medical care available, area and sex — 1992 data**

| *Institution* | *Montevideo* | | | *Interior South* | | | *Interior North* | | |
|---|---|---|---|---|---|---|---|---|---|
| | *Men* | *Women* | *Total* | *Men* | *Women* | *Total* | *Men* | *Women* | *Total* |
| None | 3.8 | 0.9 | 2.1 | 3.1 | 1.9 | 2.4 | 1.8 | 1.1 | 1.4 |
| Ministry of Public Health | 19.6 | 24.8 | 22.6 | 31.5 | 37.8 | 35.3 | 30.8 | 48.7 | 40.6 |
| Group | 59.9 | 58.4 | 59.0 | 45.3 | 45.2 | 45.3 | 49.8 | 29.8 | 38.8 |
| Municipal | 0 | 0.9 | 0.5 | 0 | 0 | 0 | 0.9 | 0.4 | 0.6 |
| Military | 6.1 | 3.8 | 4.7 | 4.3 | 4.0 | 4.1 | 5.7 | 2.9 | 4.2 |
| Police | 1.3 | 2.2 | 1.8 | 0 | 0.8 | 0.5 | 0 | 2.9 | 1.6 |
| Partial coverage | 1.9 | 3.3 | 2.7 | 0.8 | 1.6 | 1.3 | 0 | 0.7 | 0.4 |
| Other State services | 0.6 | 0.2 | 0.4 | 0 | 0 | 0 | 0 | 0 | 0 |
| Private care | 6.7 | 5.5 | 6.0 | 15.0 | 8.7 | 11.2 | 11.0 | 13.5 | 12.4 |
| **Total of sample** | **312** | **452** | **764** | **254** | **378** | **632** | **227** | **275** | **502** |

*Source*: Honorary Committee to Combat Cancer, Technical Cooperation Office of Planning and the Budget (OPP)/IDB/UNDP

*Levels of coverage by the Ministry of Public Health*

349. The Ministry of Public Health provides free national health-care cards to people with incomes at or below twice the national minimum wage (approximately $180). Subsidized health-care cards are sent to people with incomes in the band between 3 and 10 times minimum wage, and cover 60 per cent of all service fees.

350. State-provided mother and child care is free, regardless of the mother's income.

**Types of health-care card issued by the Ministry of Public Health**

| | *Free* | *Subsidized* | *Total* |
|---|---|---|---|
| Montevideo | 78 870 | 6 431 | 85 301 |
| Interior | 129 929 | 8 361 | 138 290 |
| **Total** | **208 799** | **14 792** | **223 591** |

351. A model of the types of health care provided shows various levels of complexity.

352. The first level of health care uses simple technologies; most of the polyclinics and health centres open to the general public are on this level. Polyclinics and health centres provide local health care, covering a population less than an hour's travelling time away (60 km by ambulance, 12 to 15 km by public transport and 4 km on foot).

353. The second level of health care is provided by zone hospitals, covering patients up to two hours' travelling time away.

354. The most sophisticated resources and equipment requiring high levels of specialization are concentrated at the third level. The service areas are on the level of an administrative department and the referral populations live six hours' travelling time away at most.

355. The fourth level is based on high technology restricted to complex pathologies, and therefore takes patient referrals nationwide.

356. In conclusion, we can state that Uruguay's public and private health system provides medical/hospital care to rural women satisfactorily and on an equal basis with women in urban areas.

*Women in rural areas and education*

357. Under the Uruguayan constitution, schooling is mandatory. School enrolment and graduation rates for children between 6 and 11 are 96.5 per cent.

358. At 3.5 per cent, non-attendance is marginal.

359. As a compensatory strategy for children from especially deprived areas, full-time schools have been set up that try to keep the children in school for a least six hours a day, with basic subjects in the mornings and special activities in the afternoons.

360. Multidisciplinary teams have been formed to train teaching staff, and coordinated efforts have been made to motivate teachers and the nuclear family group to work together to encourage the child to learn.

361. The education system at the primary level has a markedly formal concept of assessment. Those who take part in the process are considered internal "agents" in the system, with teachers measuring the children's progress and inspectors supervising the teachers. One of the most clear-cut criticisms the international cooperation specialists have made is that the school system repeats its procedures and activities without moving on to the rigorous study of its practices that would enable it to identify the limitations in its technical and administrative management.

362. These aspects are behind the far-reaching debate that takes place whenever there is discussion of the comprehensive reform of education that is a priority for the State.

363. Indeed, the debate is going on right now for such a root-and-branch reform that would reconcile democratizing enrolment with strategies for recognizing, consolidating and meeting the demands of the various social groups.

364. The purpose of the reform is to maximize the quest for educational quality regardless of the sociocultural deficits of the pupils, while adapting the learning process to their needs.

365. The backbone of the reform is already under way, with the promotion of full-time schools, secondary school compensatory strategies, universal pre-school education and effective community involvement in education.

366. All Uruguayan society knows that this reform can work only if there is joint action by the authorities, specialists, teachers, parents, pupils and the community.

367. The primary school education network provides services with extremely high nationwide penetration.

368. In 1960, the country had 1,880 public schools; 36 years later, that number had grown to 2,424, with growth in the interior averaging 8 per cent.

369. There are 1,339 public schools in rural areas, of which 1,241 are ordinary schools and 98 are farm schools.

*Illiteracy*

370. For the reasons already stated, the illiteracy rate in Uruguay is marginal, at 3.8 per cent for women and 4.25 per cent for men.

**Illiteracy rates for persons aged 10 or over, by sex and area**

| *Area* | *Men and women* | *Men* | *Women* |
|---|---|---|---|
| Whole country | | | |
| 1963 | 10.5 | 10.3 | 10.7 |
| 1985 | 4.3 | 4.7 | 3.8 |
| Urban | | | |
| 1963 | 8.9 | 8.1 | 9.7 |
| 1985 | 3.7 | 3.8 | 3.6 |
| Rural | | | |
| 1963 | 17.3 | 18.1 | 16.3 |
| 1985 | 8.0 | 9.7 | 5.7 |

*Levels of education*

371. Averaged over the whole country, the proportion of women with over 10 years of education is 47.2 per cent. Girls perform better at school, with 9.45 per cent repeating a year against 13.1 per cent for boys.

**Highest level of education of population aged 12 and over, by area and sex**

| | *Montevideo* | | | | *Interior urban* | | | |
|---|---|---|---|---|---|---|---|---|
| | *1985 census* | | *CHS*[1] *1994* | | *1985 census* | | *CHS*[1] *1994* | |
| *Level of education* | *Men* | *Women* | *Men* | *Women* | *Men* | *Women* | *Men* | *Women* |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| None | 2.4 | 3.4 | 1.0 | 1.8 | 6.6 | 6.8 | 3.2 | 4.3 |
| Primary, incomplete | 18.2 | 17.7 | 12.5 | 12.6 | 30.6 | 27.2 | 21.3 | 20.4 |
| Primary, complete | 24.9 | 28.1 | 22.0 | 25.5 | 29.0 | 29.8 | 27.3 | 27.8 |
| Lower secondary | 21.3 | 22.4 | 24.8 | 25.1 | 15.1 | 17.7 | 20.0 | 20.7 |
| Upper secondary | 8.3 | 9.3 | 10.9 | 12.0 | 5.1 | 7.3 | 9.7 | 11.9 |
| Technical | 13.2 | 6.1 | 14.5 | 6.7 | 10.3 | 5.5 | 13.9 | 6.7 |
| University | 9.9 | 8.4 | 12.7 | 12.0 | 2.0 | 1.5 | 3.2 | 3.1 |
| *Magisterio*[2] | 0.5 | 4.0 | 0.6 | 4.1 | 0.6 | 4.0 | 0.8 | 4.9 |
| Others | 1.5 | 0.5 | 1.0 | 0.2 | 0.7 | 0.3 | 0.6 | 0.2 |

[1] Continuing Household Survey.

[2] Translator's note: the *magisterio* corresponds to a secondary educational programme for training primary school teachers.

*University education*

372. One of the most significant indicators of the changes in higher education is the striking increase in the number of women, with women forming 58 per cent of the total number of university students enrolled.

**Distribution, by course and sex, of students in the faculties and schools of the University of the Republic**

| *Faculties and schools* | *Total* | *Men* | *Women* | *Men* | *Women* |
|---|---|---|---|---|---|
| Total | 100 | 42.6 | 57.4 | 100.0 | 100.0 |
| Agronomy | 100 | 74.5 | 25.5 | 5.0 | 1.3 |
| Architecture | 100 | 56.1 | 43.9 | 7.3 | 4.2 |
| Economics | 100 | 48.0 | 52.0 | 13.2 | 10.7 |
| Communication sciences | 100 | 43.0 | 57.0 | 1.2 | 1.1 |
| Law and social sciences | 100 | 35.1 | 64.8 | 19.3 | 26.4 |
| Humanities | 100 | 36.2 | 63.8 | 5.2 | 6.7 |
| Engineering | 100 | 78.4 | 21.6 | 18.8 | 3.9 |
| Medicine | 100 | 42.1 | 57.9 | 11.0 | 11.2 |
| Dentistry | 100 | 31.5 | 68.5 | 1.6 | 2.6 |
| Chemistry | 100 | 36.1 | 63.9 | 2.6 | 3.4 |
| Veterinary science | 100 | 59.5 | 40.5 | 3.8 | 1.9 |
| Psychology | 100 | 18.6 | 81.4 | 2.3 | 7.5 |
| Fine arts | 100 | 37.4 | 62.6 | 2.9 | 3.7 |
| Librarianship | 100 | 11.0 | 89.0 | 0.1 | 0.5 |
| Music | 100 | 56.1 | 43.9 | 0.7 | 0.4 |
| Medical technology | 100 | 18.2 | 81.8 | 1.7 | 5.6 |
| Nursing | 100 | 6.6 | 93.4 | 0.2 | 1.8 |
| Dental auxiliary | 100 | 30.2 | 69.8 | 0.8 | 1.5 |
| Administration | 100 | 30.3 | 69.7 | 2.2 | 3.8 |
| Nutrition | 100 | 2.2 | 97.8 | 0 | 0.4 |
| Midwifery | 100 | 0 | 100.0 | 0 | 0.1 |
| Social services | 100 | 8.8 | 91.2 | 0.2 | 1.3 |

**Distribution, by course and sex, of students at the Catholic University of Uruguay**

| *Course* | *Total* | *Men* | *Women* | *Men* | *Women* |
|---|---|---|---|---|---|
| Total | 523 | 41.5 | 58.5 | 100 | 100 |
| Bachelor's in philosophy | 100 | 100 | | 1.8 | 0 |
| International trade and integration course | 100 | 37 | 63 | 7.4 | 8.8 |
| Pre-school education | 100 | 5.6 | 94.4 | 0.9 | 8.2 |
| Computer science | 100 | 72.6 | 27.4 | 12.9 | 3.6 |
| Law | 100 | 37.7 | 62.3 | 6.9 | 8.5 |
| History | 100 | 66.7 | 33.3 | 1.4 | 0.7 |
| International business | 100 | 63.2 | 36.8 | 11.5 | 4.6 |
| Company management | 100 | 57.1 | 42.9 | 23 | 12.4 |
| Social communication | 100 | 33.9 | 66.1 | 12.9 | 18.3 |
| Psychology | 100 | 11.4 | 88.6 | 2.3 | 12.7 |
| Social sciences | 100 | 34.8 | 65.2 | 3.2 | 4.6 |
| Education | 100 | 23.9 | 76.1 | 3.7 | 8.2 |
| Labour relations | 100 | 50.9 | 49.1 | 2.8 | 2 |
| International business and integration | | | | | |

*Source*: Catholic University of Uruguay.

*Article 15*

373. As noted above, women in Uruguay have enjoyed equal civil capacity since 1946, with the same rights and obligations as men. Women can enter into contractual relations of all kinds, administer their property and choose their residence or domicile.

374. The conjugal domicile is decided by agreement between the spouses.

375. Any conflicts that may arise between spouses (personal, family, property) must be resolved by a judge specializing in family law. These judges are members of the judicial branch, which is fully independent of the executive. For example, in Uruguay a divorce may be sought:

(a) By giving specified reasons;

(b) By mutual consent; or

(c) By the will of the wife alone, with no reason given.

Divorces sought by the wife alone are heard by professionally qualified judges under *audiencia* (High Court) procedures (article 187 of the Civil Code). It should be pointed out that divorce by the will of the husband alone does not exist.

376. The judge may not issue the decree absolute dissolving the marriage by divorce until custody, care, visiting rights and maintenance have been settled for any children of the marriage who are still minors.

*Women and justice*

377. In Uruguayan law, women have the same right of access to the courts as men, whether as plaintiff or applicant, defendant or respondent, or as witness.

378. Numerically, women judges predominate in the judicial branch, although the higher up the career ladder, the lower the percentage of women.

**Women in adjudicatory posts — the judicial branch**

| | *Total posts* | *Women (percentage)* |
|---|---|---|
| Supreme Court judges | 5 | 0 |
| Court of Appeals judges | 43 | 16 |
| Professionally qualified judges — Montevideo | 85 | 51 |
| Professionally qualified judges — Interior | 74 | 55 |
| Montevideo lower court judges | 42 | 86 |
| Departmental court judges — Interior | 36 | 75 |
| Lower court judges — Interior | 205 | 37 |

379. The Judiciary Act sets the conditions for being called to the bar or bench. There is no sexual discrimination in the statutes for judges, attorneys and prosecutors.

380. Under article 78 of Act No. 15,750 of 24 June 1985, entry into a career in the judiciary may be effected only to posts in the lower hierarchy except in special cases, where whatever the level in the hierarchy, citizens may enter who are distinguished by reason of renown as legal authorities, in accordance, however, as always, with articles 235, 242 and 245 of the Constitution.

381. Article 137 of Act No. 15,750 stipulates that to practice law, a person must have an enabling certificate issued by the University of the Republic, must be over 21 and must be registered in the roll of the Supreme Court and have taken the oath before it.

*Article 16*
*Age of marriage*

382. Under the Civil Code, it is absolutely forbidden to marry before the age established by the laws of the Republic, namely, 14 for boys and 12 for girls.

383. From ages 14 to 18 and 12 to 18, respectively, the partners must obtain prior permission or authorization from their legal parents in order to marry. If the partners have no parents, the consent must be given by the closest legal adult relative or relatives in the ascending line. In the case of conflicting views, the one that favours the marriage will obtain. If a partner has no adult relatives, he must obtain the consent of his legal guardian or caregiver.

384. In the case of a person born out of wedlock, the consent to marry must be obtained from the father or mother who has recognized him or her, and from both if recognized by both. If the parents are unable to recognize the person as being their child, the obligation to do so falls to other adult relatives.

385. When the person or persons who must consent to a marriage refuse to do so, a partner may seek legal recourse; in such an event, the judicial authority may deem that the refusal is unreasonable and authorize a civil ceremony.

386. As it should be clear from the foregoing statement, the partner who has not obtained parental consent is entitled to legal assistance, since he or she has the legal right to appear before the courts in order to oppose the views of his or her parents.

387. The prenuptial medical examination is not mandatory for either of the partners.

388. Article 27 of the current Children's Code establishes that:

> "Notices shall be published to persuade greater numbers of future spouses to visit prenuptial medical information bureaus administered by the Ministry of Public Health. Officials employed in the Registry Office shall advise future spouses with regard to the advantages of prenuptial consultations, and the fact that they have done so will be noted in the record."

*Refusal of consent by either of the partners*

389. If either of the partners refuses to give his consent, the marriage cannot be performed. Both partners or any other person, including the government procurator's office, on behalf of the State, may submit a complaint concerning that refusal. On receipt of the complaint, an official status file is drawn up and submitted to the competent judge.

*Civil matrimony*

390. Since 21 July 1885, civil matrimony has been the only legal form of marriage performed in the territory of the Republic.

391. Article 84 of the Civil Code provides that:

> "Once the civil ceremony referred to in article 83 is performed, the partners may freely request a religious ceremony in the church to which they belong, but no Catholic priest and no minister of the country's various dissenting denominations may perform a wedding without having received notice of the performance of the civil ceremony, in the form of a certificate issued by the clerk of the Registry Office, and if he performs it without such a certificate, he will be subject to a punishment of six months in prison (by summary procedure).
>
> "Marriages *in extremis*, which do not, however, entail civil consequences, shall be exempt from the foregoing provision."

*Rights and obligations*

392. Once the marriage is sealed, the partners' obligations are identical.

*Obligations to children*

393. The following provisions of the Civil Code establish that:

Article 116: Merely by the act of marriage, the partners assume the obligation to support and rear their children and to provide them with a profession or skill in

keeping with their status and circumstances (article 250). Parents are not obliged to provide their children with the means of setting up a domicile.

Article 121: The term "support" includes not only food and shelter, but also clothing, shoes, medicine and fees for doctors and doctors' assistants, in the event of sickness. It also includes education, when the recipient of the support is under 21 years old.

Article 122: The support must be provided in accordance with the means of the provider and the needs of the recipient. Depending on the circumstances of the case, the judge will determine the form and amount of support that must be provided.

Article 252: Parental authority is the combination of rights and duties that the law attributes to parents with regard to the person and property of their minor children. Parental authority shall be exercised by both parents together, without prejudice to judicial decisions which abolish, suspend or limit their exercise or confer it on one of them, and without prejudice to the provisions of article 172. When parents cannot reach agreement, either may appeal to the competent judge.

Article 258: Parents guide the education of their children and represent them in all civil proceedings.

Article 271: Parents are prohibited from:

(1) Transferring their children's property or rents drawn against the national debt, unless for reasons of clear need or use by their children and prior authorization by a judge, granted at a hearing in the presence of the government procurator;

(2) Granting, without such authorization, real rights against their children's assets, or transferring real rights that belong to their children against assets belonging to others;

(3) Purchasing, on their own behalf, or through an intermediary, assets of any kind belonging to their children, including at public auction;

(4) Transferring to themselves credits, rights or shares of stock belonging to their children, unless those transfers result from a statutory subrogation;

(5) Suspending the rights of their children;

(6) Conducting private transactions with their children concerning the inheritance of a spouse who has not yet died or concerning an inheritance of which both they and their children are co-heirs or legatees;

(7) Obliging their children to be their guarantors or that of others.

Any actions undertaken by the parents against these provisions are null and void.

*Mutual obligations of spouses*

Article 127: Spouses owe each other mutual faithfulness and reciprocal help.

Article 130: By the act of marriage, the property of both spouses becomes joint property, in accordance with the rules set forth in book IV, section VII, part II of this Code. The property of those who have married in foreign countries is considered separate in cases where joint ownership of property was not established by the legal regime under which they married.

*Consequences of divorce*

394. The following articles of the Civil Code establish that:

Article 172: Spouses may at any time draw up agreements regarding the situation of their children, unless the separation was caused by the reasons described in article 148, paragraph 5.

Article 173: Without prejudice to the provisions of the previous article, the judge, at his own discretion or at the request of either spouse, may take decisions regarding the situation of the minor children, taking into consideration their interests and in accordance with the following provisions. All cases will be heard before the government procurator.

Article 181: In order to divide the belongings, the joint ownership property will be dissolved, in accordance with the provisions of the respective section of book IV.

Article 1999: Once the joint ownership of property has been dissolved, if requested, a formal inventory of all property belonging to the marriage will be drawn up, and an appraisal conducted, as in cases of succession caused by death.

Article 2003: The inventory will consist of a numbered list of amounts which, having been paid by the couple jointly, will be tallied, calculated in adjustable units, and subtracted from the assets of the wife and husband. The value of gifts and transferred assets which must be considered illegal or fraudulent under article 1974 will also be tallied in adjustable units, with the exception of cases in which the actual objects are tallied and divided.

Article 2010: The fund of liquid profits will be divided between the husband and wife or between their respective heirs by halves.

*Statistics*

395. Over the course of a decade the number of marriages performed each year dropped from 20,068 in 1982 to 19,400 in 1992. During the same period, the number of divorces doubled, climbing from 3,706 to 8,499.

**Divorces registered by area (1982-1992)**

| *Years* | *Total* | *Montevideo* | *Interior* |
|---|---|---|---|
| 1992 | 8 499 | 3 923 | 4 576 |
| 1991 | 9 800 | 6 188 | 3 612 |
| 1990 | 6 840 | 3 823 | 3 017 |
| 1989 | 6 063 | 3 517 | 2 546 |
| 1988 | 6 376 | 3 925 | 2 451 |
| 1987 | 4 611 | 2 398 | 2 213 |
| 1986 | 4 191 | 2 350 | 1 841 |
| 1985 | 4 118 | 2 618 | 1 500 |
| 1984 | 2 967 | 1 509 | 1 458 |
| 1983 | 3 024 | 1 429 | 1 595 |
| 1982 | 3 706 | 1 992 | 1 714 |

*Source*: National Statistical Institute.